STATE OF MARYLAND—CERTIFICATE OF DEATH

05855

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

1. PLACE OF DEATH

County Carroll — Registration Dist. No. 74

Village or City Sykesville — No. Springfield State Hospital St. — Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 1 yrs. 2 mos. 3 ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Lucille G. Alexander — If U. S. Veteran, specify WAR

(a) Residence: No. 3124 Abell Avenue St., Ward. Baltimore Md

(Usual place of abode) — If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
F.	W.	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) June 25, 1909

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	29	11	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. none

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Dorchester County
(State or country) Maryland

FATHER

13. NAME Harvey G. Alexander

14. BIRTHPLACE (city or town) Unknown
(State or country) Virginia

MOTHER

15. MAIDEN NAME Nancy Steets

16. BIRTHPLACE (city or town) Unknown
(State or country) West Virginia

17. INFORMANT Hospital Records
(Address) Sykesville Md

18. BURIAL, CREMATION, OR REMOVAL
Place Romney W. Va. Date June 6, 1939

19. UNDERTAKER C. A. Thee
(Address) Sykesville Md.

20. FILED June 4, 1939 C. Harry Steen
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH June (Month) 4th (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Jan. 1, 1939, to June 4, 1939, that I last saw h.. alive on June 3d, 1939, death is said to have occurred on the date stated above, at 7.4 m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Tuberculosis of the Lungs	Dec. 1935

Other Contributory Causes of Importance:

Name of operation — Date of

What test confirmed diagnosis? X-ray Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur?
(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Harvey M. Rees M. D.

(Address) Sykesville Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel,** etc. For a person who had no occupation whatever write **none.**

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver,** etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill,** etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer,** etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist,** etc. Distinguish carefully between **retail merchants** and **wholesale merchants.** A person who sells goods should be called a **salesman** and not a **clerk.**

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. Dist. No. 74

CERTIFICATE OF DEATH

05856

1. PLACE OF DEATH:
(a) County Carroll
(b) City or town Sykesville, Maryland (If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution: Springfield State Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 yr., 4 mos., 6 days
(e) Length of stay in this community (yrs., mos., or days) Same

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore, Md. (If outside city or town limits, write RURAL and give town)
(d) Street No. The Anchorage, 1644 Thames St. (If rural give location)
(e) If foreign born, how long in U. S. A.? Unknown years

3 (a) FULL NAME: Karl Hardwick Anderson

3 (b) If veteran, name war: -----

3 (c) Social Security No.: No

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Separated

6 (b) Name of husband or wife: Theresa Anderson

6. (c) If alive, give age: Unknown years

7. Birth date of deceased (mo., day, yr.): Sept. 3, 1867

8. AGE: Years 71 | Months 9 | Days 26 | If less than one day ____ hr. ____ min.

9. Birthplace: Norway (Town, county, and state)

10. Usual occupation: Merchant Seaman

11. Industry or business:

FATHER
12. Name: John Anderson
13. Birthplace: Norway

MOTHER
14. Maiden Name: Karen ?
15. Birthplace: Norway

16 (a) Informant: Springfield Hospital Records
(b) Address: Sykesville, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 30 1939 (month) (day) (year)
(c) Cemetery or crematory Springfield Hosp.
Location Sykesville Md.

18 (a) Funeral director C. Keen
(b) Address Sykesville Md.

19 (a) June 30 1939 (Date rec'd by registrar) (b) C. Harry Steele Registrar

MEDICAL CERTIFICATION

20. Date of death June 29 19 39, at 12:57 p.m.

21. I certify that death occurred on the date above stated; that I attended deceased from 9/23/ 19 38, to 6/29/ 19 39, and that I last saw him alive on 6/29 19 39.

	Duration
Immediate cause of death: Cerebral Arterio-sclerosis with myocarditis (chronic)	prior to 9/23/38
Due to:	
Due to:	
Other conditions: Pulmonary oedema	30 hrs.

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: Harry F. Baer, M. D. (M. D. or other)
Address Sykesville, Md. Date signed 6-29-39.

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

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JUL 5 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93-C)

05857

CERTIFICATE OF DEATH

Reg. Dist. No. 76

1. PLACE OF DEATH:

County: Carroll

City or town: rural near Reese
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days): 80 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Carroll

City or town: rural near Reese Ward No. 7
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Charles W. Arbaugh

3. (b) Social Security Number

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
male	white	single

6 (b) Name of husband or wife

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): September 25, 1858

8. AGE:

Years	Months	Days	If less than one day
80	8	26	____ hrs. ____ min.

9. Birthplace: Maryland
(Town, county, and state)

10. Usual occupation: Farmer

11. Industry or business

FATHER
12. Name: William Arbaugh
13. Birthplace: Maryland

MOTHER
14. Maiden name: Sarah Stone
15. Birthplace: Maryland

16. Informant: Mrs. Charlotte R. Snyder
Address: Westminster, Md.

17. burial
(Burial, cremation, or removal. Which?)
Date thereof: June 23, 1939 (month) (day) (year)

Cemetery or crematory: Bethel Church of God

Location: rural near Reese

18. Funeral director: J. Francis Reese
Address: Westminster, Md.

19. 6/21 1939 G. Woodward
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: June 20, 1939, at 8:50 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Aug. 15 1938, to June 20 1939, and that I last saw him alive on June 20 1939.

Immediate cause of death: Arterio Sclerotic Cardio Renal Disease Myocardial Degeneration Prostatic Hypertrophy Pyelonephritis & Cystitis

DURATION

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide ____ Date of ____
Where did injury occur? ____ (City or town) ____ (County) ____ (State)
Injured at home, farm, industry, public place (where?)
Means of injury ____ Injured at work?

23. SIGNATURE: W. Glenn Speicher
M. D. or other
Address: Westminster Date signed: June 21/39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

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JUL 6 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

05858

Reg. Dist. No. 82

1. PLACE OF DEATH:
County: Carroll
City or town: Mt. Airy, Md.
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days):

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Carroll
City or town: Mt. Airy, Md. Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.:
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Lizzie E. Ball

3. (b) Social Security Number: None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Widowed

6 (b) Name of husband ~~or wife~~: Daniel M. Ball
6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): Dec. 20, 1860

8. AGE:

Years	Months	Days	If less than one day
78	6	4	hrs. min.

9. Birthplace: Frederick Co. Maryland.
(Town, county, and state)

10. Usual occupation: None.

11. Industry or business

FATHER
12. Name: Hansen Repp
13. Birthplace: Maryland.

MOTHER
14. Maiden name: Anna Cookerly
15. Birthplace: Maryland.

16. Informant: Mrs. D. W. Spurrier
Address: Mt. Airy, Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof June 26, 1939 (month) (day) (year)
Cemetery or crematory: Mt. Olivet
Location: Frederick, Md.

18. Funeral director: C. M. Waltz
Address: Winfield, Md

19. June 26 1939 Thos D Snyder
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: June 24 1939, at 06. M

21. I CERTIFY that death occurred on the date above stated, that I attended deceased from June 1 1939 to June 24 1939, and that I last saw h alive on June 24 1939.

Immediate cause of death	DURATION
Acute Dilatation of Heart	
Due to Chronic Myocarditis	
Due to	
Other conditions Arteriosclerosis	

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of:
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?):
Means of injury: Injured at work?

23. SIGNATURE: C. M. Van Poole
M. D. or other
Address: Mt Airy Md Date signed 6-25-39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

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JUL 8 1939
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

05859

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

1. PLACE OF DEATH

County Carroll (23) Registration Dist. No. 74

Village or City Sykesville No. Springfield State Hospital St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residance in city or town where death occurred 6 yrs. 6 mos. 2 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Sadie Mason Bladen If U. S. Veteran, specify WAR

(a) Residence: No. St., Ward. Worcester Co. Md

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
F.	W.	divorced

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of (Unknown) Bladen

6. DATE OF BIRTH (month, day, and year) (mo. & day unknown) 1873

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	66			

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. None

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Unknown (State or country) Maryland

FATHER

13. NAME Riley Mason

14. BIRTHPLACE (city or town) Unknown (State or country) Maryland

MOTHER

15. MAIDEN NAME Becky Talman

16. BIRTHPLACE (city or town) Unknown (State or country) Maryland

17. INFORMANT Hospital Records (Address) Sykesville Md

18. BURIAL, CREMATION, OR REMOVAL Springfield Hosp. Cem. Date June 7, 1939

19. UNDERTAKER H. Keen (Address) Sykesville Md.

20. FILED June 6, 1939 C. Harry Steen Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH June (Month) 5 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Dec 3rd, 1938, to June 5, 1939

I last saw her alive on June 5, 1939; death is said to have occurred on the date stated above, at 4.45 P.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Tuberculosis of the Lungs	1-1938

Other Contributory Causes of importance:

Name of operation None Date of

What test confirmed diagnosis? X-ray Was there an autopsy? Yes

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Maud M. Rees M. D.

(Address) Sykesville Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

05860

Reg. Dist. No. 87

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Carroll
City or town: Rural – near Ridgeville
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days):

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland. County: Carroll.
City or town: Rural – Mt. Airy, Md. Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.: nr Ridgeville.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR: No.

3. (a) FULL NAME: Harry R. Brady

3. (b) Social Security Number: None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married.

B (b) Name ~~of husband~~ or wife: Anna Mae Brady
6(c) If alive, give age: 37 years

7. Birth date of deceased (mo., day, yr.): June 21, 1882

8. AGE:

Years	Months	Days	If less than one day
57	0	4	____hrs. ____min.

9. Birthplace: Baltimore Co. Maryland
(Town, county, and state)

10. Usual occupation: Mail Carrier

11. Industry or business: U.S. Post Office Mt. Airy, Md

FATHER
12. Name: Thomas Brady.
13. Birthplace: Maryland.

MOTHER
14. Maiden name: Elizabeth Peters
15. Birthplace: Maryland.

16. Informant: Mrs. Anna Mae Brady.
Address: Mt. Airy. Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof June 28, 1939. (month) (day) (year)
Cemetery ~~or crematory~~: Pine Grove
Location: Mt. Airy, Md

18. Funeral director: C.M. Waltz
Address: Winfield Md

19. June 28 1939 (Date rec'd by registrar) Wm. D. Snyder. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: June 25 1939, at 11 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 25 1939 to June 25 1939, and that I last saw h~~im~~ alive on June 25 1939.

Immediate cause of death	DURATION
Acute Coronary Occlusion (Sudden)	
Due to Chron. Myocarditis	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?):
Means of injury: Injured at work?

23. SIGNATURE: C.M. Van Poole M. D. or other
Address: Mt Airy Md Date signed 6/25/39

RECEIVED
JUL 6 1939
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

05861

1. PLACE OF DEATH Maryland Tuberculosis Sanatorium

County Carroll — Colored Branch (23) — Registration Dist. No. 74

Village or City Henryton — No. (Above) St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 0 yrs. 1 mos. 2 ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Maggie Brooks — If U. S. Veteran, specify WAR

(a) Residence: No. 364 Michigan Ave., Lakeland, Md. Ward.

(Usual place of abode) — If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	Colored	Married

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Jacob Brooks

6. DATE OF BIRTH (month, dey, end yeer): January 16, 1911

7. AGE	Years	Months	Deys	If LESS then 1 day, hrs. or min.
	28	4	26	

OCCUPATION

8. Trede, profession, or particular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.: Housewife

9. Industry or business in which work wes done, es SILK MILL, SAW MILL, BANK, etc.: Uknown

10. Date deceased last worked at this occupation (month and year): Unknown

11. Totel time (years) spent in this occupetion: Unknown

12. BIRTHPLACE (city or town): Spotsylvania (State or country): Virginia

FATHER

13. NAME: Robert Mason

14. BIRTHPLACE (city or town): Westmoreland Co. (State or country): Virginia

MOTHER

15. MAIDEN NAME: Lula Wilkins

16. BIRTHPLACE (city or town): Spotsylvania, (State or country): Virginia

17. INFORMANT: Dr. Reuben Hoffman (Address): Henryton, Maryland

18. BURIAL, CREMATION, OR REMOVAL — Place: Bladensburg, Md. Date: June 13, 1939

19. UNDERTAKER: H. G. Sachs Sons (Address): Hyattsville, Md.

20. FILED 6/12/39, 19 — Albert R. Swanthaus, Deputy Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH June 12, 1939 (Month) (Day) (Year), 193

22. I HEREBY CERTIFY, That I attended deceased from May 10, 19 39, to June 12, 1939, 19

I last saw her alive on June 12, 1939, 19; deeth is said to have occurred on the date stated above, at 5.30 A.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	Unk.

Other Contributory Causes of importence: ---

Name of operation --- Dete of --

Whet test confirmed diagnosis? --- Wes there an autopsy? no

23. If death was due to externel causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? --- Date of injury -, 19

Where did injury occur? ---

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. ---

Manner of Injury ---

Nature of Injury ---

24. Was diseese or injury in any way releted to occupetion of deceased? no

If so, specify

(Signed) Reuben Hoffman M. D.

(Address) Henryton, Maryland

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

05862

STATE OF MARYLAND—CERTIFICATE OF DEATH

(159)

1. PLACE OF DEATH

County Carroll Registration Dist. No. 78

Village or City Winfield, Md. No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred —yrs. —mos. —ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Baby Boy Conaway

(a) Residence: No. R.D. #2 Sykesville, Md St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, and yeer) June 13, 1939

7. AGE	Yeers	Months	Days	If LESS then 1 day, 0 hrs. or 30 min.
	—	—	—	

OCCUPATION

8. Trede, profession, or perticular kind of work done, es SPINNER, SAWYER, BDDKKEEPER, etc. None

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceesed last worked at this occupetion (month and yeer)

11. Totel time (years) spent in this occupetion

12. BIRTHPLACE (city or town) Carroll Co (State or country) Md.

FATHER

13. NAME Leslie E. Conaway

14. BIRTHPLACE (city or town) (State or country) Maryland.

MOTHER

15. MAIDEN NAME Helen Marie Pickett

16. BIRTHPLACE (city or town) (Stete or country) Maryland

17. INFORMANT Mrs. Helen Marie Conaway
(Address) R.D. Sykesville, Md.

18. BURIAL, CREMATIDN, OR REMOVAL
Plece Ebenezer Cemtry Date June 14, 1939

19. UNDERTAKER C. M. Walter
(Address) Winfield Md

20. FILED June 14, 1939 C. My Farver Registrar.
Dep

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH June 13, 1939
(Month) (Dey) (Year)

22. I HEREBY CERTIFY, That I attended deceased from Birth-6/13/39, 19—, to death 6/13/39, 19—
I last saw h— alive on 6/13/39, 19—; deeth is said to heve occurred on the dete steted ebove, at 1:00 P.m.

The PRINCIPAL CAUSE OF DEATH end related causes of importence were es follows:

	Dete of onset
Prematurity 6½ mos.	
Dther Contribntory Causes of importence:	

Neme of operetion Date of

Whet test confirmed diegnosis? Wes there an eutopsy? No.

23. If death was due to externel causes (VIOLENCE) fill in also the following:
Accident, suicide, or homicide? Date of Injury, 19—
Where did injury occur? (Specify city or town, county and State)
Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Menner of injury

Nature of Injury

24. Wes diseese or injury in eny way related to occupetion of deceased? No.
If so, specify

(Signed) W. H. Lawson M. D.
(Address) Sykesville.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

N. B.—WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel,** etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver,** etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill,** etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer,** etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist,** etc. Distinguish carefully between **retail merchants** and **wholesale merchants.** A person who sells goods should be called a **salesman** and not a **clerk.**

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1931*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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JUL 8 1939
BUREAU V. S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

05863

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

1. PLACE OF DEATH (23)

County Carroll — Registration Dist. No. 34

Village or City Sykesville, Maryland — No. Springfield State Hospital St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 1 yrs. 8 mos. 0 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME James Conway — If U. S. Veteran, specify WAR

(a) Residence: No. Baltimore City (no given street Address) Ward

(Usual place of abode) Baltimore, Maryland. If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Single

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of ---------

6. DATE OF BIRTH (month, dey, and year) 1878?

7. AGE	Years	Months	Days	If LESS than 1 dey, hrs. or min.
	60?	?	?	

OCCUPATION

8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Unknown

9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc. -----

10. Date deceased last worked et this occupation (month end year) Unknown

11. Totel time (yeers) spent in this occupetion Unknown

12. BIRTHPLACE (city or town) Unknown (Stete or country) Kentucky

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) Unknown (Stete or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) Unknown (State or country) Unknown

17. INFORMANT Records of Springfield State (Address) Hospital, Sykesville, Md.

18. BURIAL, CREMATION, OR REMOVAL Springfield Hosp. Cem. Date June 7, 1939

19. UNDERTAKER C. H. Steen (Address) Sykesville Md.

20. FILED June 6, 1939 C. Harry Steen Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH June (Month) 5th, (Day) 1939 (Year), 193

22. I HEREBY CERTIFY, That I attended deceased from October 5 1937 to June 5th 1939

I last saw him alive on June 5th, 1939; death is said to have occurred on the dete steted above, at 12:50 p.m.

The PRINCIPAL CAUSE OF DEATH and releted ceuses of importance were as follows:

	Date of onset
Pulmonary tuberculosis	Sept., 1932
Other Contributory Causes of Importance: Generalized arteriosclerosis	Prior to 10/5/37

Neme of operation None Date of

What test confirmed diagnosis? Phys. Exam. & Lab. Was there an autopsy?

23. If deeth was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Dete of Injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Wes diseese or Injury in any way related to occupetion of deceased?

If so, specify

(Signed) A. Carr Jacobsen M. D.

(Address) Sykesville Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

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Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

05864

STATE OF MARYLAND—CERTIFICATE OF DEATH

(46-E)

1. PLACE OF DEATH

County Carroll Registration Dist. No. 70

Village or City Taneytown Dist. No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 68 yrs. 1 mos. 10 ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Fannie Bell Copenhaver If U. S. Veteran, specify WAR

(a) Residence: No. Littlestown, PA. R.D. 1 St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Edward Copenhaver

6. DATE OF BIRTH (month, day, and year): April - 28 - 1871

7. AGE: Years 68 | Months 1 | Days 10 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: House-Wife

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.: Home

10. Date deceased last worked at this occupation (month and year): June 1 - 1939

11. Total time (years) spent in this occupation: Life

12. BIRTHPLACE (city or town) (State or country): Carroll Co. Md.

FATHER

13. NAME: James H. Bowers

14. BIRTHPLACE (city or town) (State or country): Maryland.

MOTHER

15. MAIDEN NAME: Margaret Long

16. BIRTHPLACE (city or town) (State or country): Maryland.

17. INFORMANT (Address): Edward Copenhaver Littlestown, PA R.D.1.

18. BURIAL, CREMATION, OR REMOVAL Place: Carroll Co. Md. Piney Brethern Cem. Date: June - 10 1939

19. UNDERTAKER (Address): J. M. Little & Son. Littlestown, PA Pr. R.A.L.

20. FILED June 8, 1939 Mary B. Wilt Deputy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH June (Month) 8 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from June 3rd, 1939, to June 8th, 1939

I last saw her alive on June 8th 1939; death is said to have occurred on the date stated above, at 12:15 P. m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Carcinoma Liver — Date of onset: 2 yr. ago

Other Contributory Causes of Importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) C. M. Benner M. D.

(Address) Taneytown Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as **at school** or **at home**. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel**, etc. For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver**, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill**, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer**, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist**, etc. Distinguish carefully between **retail merchants** and **wholesale merchants**. A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

RECEIVED
JUL 3 1939
BUREAU V. S.

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

05865

1. PLACE OF DEATH (8)

County Carroll Registration Dist. No. 76

Village or City Westminster No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ...yrs. ...mos. ...ds. How long in U. S. If of foreign birth? ...yrs. ...mos. ...ds.

2. FULL NAME Infant Doe If U. S. Veteran, specify WAR

(a) Residence: No. ... St., ... Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
M.	W	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) June 14 - 1939

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Westminster (State or country) Md.

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Carroll County Board of Health (Address) Westminster Md.

18. BURIAL, CREMATION, OR REMOVAL Place Westminster Date June 16, 1939

19. UNDERTAKER Carroll County Board of Health (Address) Westminster Md.

20. FILED June 16, 1939 L. L. Woodward Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH June (Month) 14 (Day) 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...

I last saw h... alive on ..., 19...; death is said to have occurred on the date stated above, at ...m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Still born - found in Sewage Treatment Plant, on bar screen -	

Other Contributory Causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) Jas. T. Shower - Deputy Medical Examiner M. D.

(Address) New Windsor Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1" MARGIN RESERVED FOR BINDING

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel,** etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver,** etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill,** etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer,** etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist,** etc. Distinguish carefully between **retail merchants** and **wholesale merchants.** A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1928*

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Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

05866

(159)

1. PLACE OF DEATH

County Carroll — Registration Dist. No. 74

Village or City Near Woods Mill — No. — St., — Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where deeth occurred ____ yrs. ____ mos. ____ ds. How long in U. S. If of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME — Klohr — If U. S. Veteran, specify WAR ____

(a) Residence: No. ____ St., ____ Ward. ____

(Usual place of abode) — If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
M	W	S

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) June 3 1939

7. AGE	Yaers	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
	—	—	1	

OCCUPATION

8. Trade, profession, or perticular kind of work dona, as SPINNER, SAWYER, BDDKKEEPER, etc. ____

9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc. ____

10. Date deceased last worked at this occupetion (month and yeer) ____ | 11. Total time (years) spant in this occupation ____

12. BIRTHPLACE (city or town) Carroll Co. (State or country) Md.

FATHER

13. NAME Raymond Klohr

14. BIRTHPLACE (city or town) ____ (State or country) Md.

MOTHER

15. MAIDEN NAME Lillian E. Deasman

16. BIRTHPLACE (city or town) ____ (State or country) Md.

17. INFORMANT Raymond Klohr (Address) Woodbine Md.

18. BURIAL, CREMATION, OR REMOVAL Oak Grove Cem. Date June 5, 1939

19. UNDERTAKER C. N. Baer (Address) Sykesville Md.

20. FILED June 4, 1939 C. Nancy Baer
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH June 4 (Month) (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from 6/3, 1939, to 6/4, 1939

I last saw h-m alive on 6/3, 1939; death is said to have occurred on the dete stated ebova, at 8 a.m.

The **PRINCIPAL CAUSE OF DEATH** and ralatad causas of Importance were as follows:

	Data of onsat
Immature	
Congenital Heart Failure	
Othar **Contributary Causes** of Importance:	

Nama of oparation ____ Dete of ____

What tast confirmed diagnosis? ____ Was thare an autopsy? No

23. If death was due to external causas (VIOLENCE) fill in also the following:

Accidant, suicida, or homicide? ____ Date of Injury ____, 19____

Where did injury occur? ____
(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury ____

Natura of Injury ____

24. Wes diseese or injury in eny way related to occupation of deceased? No

If so, specify ____

(Signed) C. N. Baer M.D.

(Address) Sykesville Md.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel,** etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver,** etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill,** etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer,** etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist,** etc. Distinguish carefully between **retail merchants** and **wholesale merchants.** A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

05867

STATE OF MARYLAND—CERTIFICATE OF DEATH

(93-c)

1. PLACE OF DEATH

County Carroll Registration Dist. No. 74

Village or City Sykesville No. Springfield State Hospital St. Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ____ yrs. 2 mos. 24 ds. How long in U.S. if of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME Edwin G. Goetz If U. S. Veteran, specify WAR ____

(a) Residence: No. 280 East Union St., Frostburg, Md. St. Ward

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Alice Porter

6. DATE OF BIRTH (month, day, and year): August 19, 1873

7. AGE: Years 65 | Months 9 | Days 12 | If LESS than 1 day, ____ hrs. or ____ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: Retired R. R. shopman

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.: Railroad

10. Date deceased last worked at this occupation (month and year): 1935

11. Total time (years) spent in this occupation: 46

12. BIRTHPLACE (city or town) (State or country): Allegany County Maryland

FATHER

13. NAME: Gottlieb Goetz

14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME: Anna M. Holtzslin

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT (Address): Records of Springfield State Hospital, Sykesville, Md.

18. BURIAL, CREMATION, OR REMOVAL Place: Frostburg Md. Date: June 4, 1939

19. UNDERTAKER (Address): Weer & Son Inc Sykesville Md.

20. FILED: June 1, 1939 C Harry Weer Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH June 1st, 1939 (Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from March 7, 1939 to June 1, 1939 19__ I last saw him alive on June 1st, 1939 death is said to have occurred on the date stated above, at 10:10 a.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Chronic myocarditis	Prior to March, 1939

Other Contributory Causes of importance:

Generalized Arteriosclerosis Hypertension	Prior to Mar., 1939

Name of operation: None. Date of ____

What test confirmed diagnosis: Phys. and Lab. Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ____ Date of injury ____, 19__

Where did injury occur? ____ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify ____

(Signed) Alan Jacobson M. D.

(Address) Sykesville Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*	*Attack of epilepsy*	*1 week ago*
Chronic interstitial nephritis	*1921*	*Run over by street car*	*1 week ago*
Cerebral hemorrhage	*July 5, 1927*	*Peritonitis*	*3 days ago*
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	*May 1, 1923*	*Gastroenteritis*	*1 year*

BOSTON, MASS. JUL 3 1929

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

05868

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

V. S. No. 1

1. PLACE OF DEATH (93)

County Carroll. Registration Dist. No. 74

Village or City Sykesville, Md. No. Springfield State Hosp. St. Ward

(If death occurred in a horpital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred # yrs. 1. mos. 14 ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME George Greshoff. If U. S. Veteran, specify WAR

(a) Residence: No. 226 W. Franklin St. (?) Ward. Baltimore, Md.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male.	White.	Single.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of #

6. DATE OF BIRTH (month, day, and year) Unknown.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
67.	Unk.	Unk.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Electrician.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Theatrical.

10. Date decreased last worked at this occupation (month and year) Unk. 11. Total time (years) spent in this occupation Unk

12. BIRTHPLACE (city or town) Baltimore (State or country) Maryland.

FATHER

13. NAME Frank Greshoff.

14. BIRTHPLACE (city or town) (State or country) Germany.

MOTHER

15. MAIDEN NAME Julia Decaun.

16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT Springfield Hospital Records. (Address) Sykesville, Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Balto Cem. Date June 12, 1939

19. UNDERTAKER Wm Cook & Paul & Balto Sts (Address) 1217

20. FILED 6/9/, 1939 Harry Weer Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH June (Month) 8, (Day), 1939. (Year)

22. I HEREBY CERTIFY, That I attended deceased from April 25, 1939, to June 8, 1939.

I last saw him alive on June 8, 1939; death is said to have occurred on the date stated above, at 6:50 p.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Cerebral Arteriosclerosis with Chronic Myocarditis prior to 10-1-36.	
Other Contributory Causes of Importance:	
Myocardial Insufficiency	6-8-39.

Name of operation Date of

What test confirmed diagnosis? Clinical symptoms. Was there an autopsy? Yes.

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No.

If so, specify

(Signed) Harry F. Baer M. D.

(Address) Sykesville, Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as **at school** or **at home**. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel**, etc. For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill**, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer**, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist**, etc. Distinguish carefully between **retail merchants** and **wholesale merchants**. A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

05869

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH

County Carroll — Registration Dist. No. 74

Village or City Sykesville, Md. — No. Springfield State Hospital St. — Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 7 yrs. 6 mos. 22 ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Clayton Hilkey — If U. S. Veteran, specify WAR ...

(a) Residence: No. Oakland, Maryland St., Ward. (Usual place of abode) — If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Single

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of ----

6. DATE OF BIRTH (month, day, and year) July 9, 1861

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	77	11	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Farmer and

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. stock dealer

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) W. Va.

FATHER

13. NAME Joseph Hilkey

14. BIRTHPLACE (city or town) (State or country) W. Va.

MOTHER

15. MAIDEN NAME Oskie Attwater

16. BIRTHPLACE (city or town) (State or country) W. Va.

17. INFORMANT Springfield Hospital Records, (Address) Sykesville, Md.

18. BURIAL, CREMATION, OR REMOVAL Place Oakland Md. Date June 19, 1939

19. UNDERTAKER C. N. Keen (Address) Sykesville Md.

20. FILED June 16, 1939 A. Nan Keen Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH June 16th, 1939 (Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from October 1st, 1938 to June 16th, 1939

I last saw him alive on June 16th, 1939; death is said to have occurred on the date stated above, at 2:20 p.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
General arteriosclerosis with chronic myocarditis	prior to 10/25/3

Other Contributory Causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? Clinical symptoms Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify ...

(Signed) Harry F. Baer, M. D.

(Address) Sykesville, Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel,** etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver,** etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill,** etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer,** etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist,** etc. Distinguish carefully between **retail merchants** and **wholesale merchants.** A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, **not** the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

RECEIVED
JUL 5 1939
BUREAU V. S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (930)

Reg. Dist. No. 74

05870

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

(a) County Carroll

(b) City or town Sykesville (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: Springfield State Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 25 yrs

(e) Length of stay in this community (yrs., mos., or days) —

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Md (b) County Baltimore

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 1841 Hope St. (If rural give location)

(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME Mary Hufnagle

3 (b) If veteran, name war —

3 (c) Social Security No. —

4. Sex Female

5. Color or race white

6 (a) Single, married, widowed, or divorced. single

6 (b) Name of husband or wife —

6. (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) May 28-1891

8. AGE: Years 48 | Months | Days 21 | If less than one day ____ hr. ____ min.

9. Birthplace Maryland (Town, county, and state)

10. Usual occupation Not any

11. Industry or business

FATHER 12. Name John Hufnagle

13. Birthplace Maryland

MOTHER 14. Maiden Name Christian Tilman

15. Birthplace Maryland

16 (a) Informant Mrs Chas Ohlgart

(b) Address 1841 Hope St. Baltio

17 (a) Baltimore (Burial, ~~[illegible]~~) (b) Date thereof June 21 1936 (month) (day) (year)

(c) Cemetery or crematory Baltimore Cemetery

Location Baltimore City

18 (a) Funeral director George F. Ruth Inc.

(b) Address 1735 Hanford ave

19 (a) 6-18-39 (Date rec'd by registrar) (b) C. Harry Weer Registrar

MEDICAL CERTIFICATION

20. Date of death June 18 1939, at 1:20 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 1938, to June 18 1939, and that I last saw him alive on June 18 1939.

Immediate cause of death	Duration
Chronic Myocarditis	1934
Due to Hypertrophy	
Due to	
Other conditions Epilepsy	all life

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature M. J. Martin M. D. or other

Address Sykesville Date signed June 18 '39

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JUL 5 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore (23)

05871

CERTIFICATE OF DEATH

Reg. Dist. No. 74

1. PLACE OF DEATH:
County Carroll
City or town Henryton
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Maryland Tuberculosis Sanatorium
Stay in hospital or inst. (yrs., or mos., or days) 3 months, 2 days
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Wicomico
City or town Mardela Springs Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Sabra Frances Hull

3. (b) Social Security Number None

4. Sex: Female
5. Color or race: Colored
6. (a) Single, married, widowed, or divorced: single
6 (b) Name of husband or wife
6(c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) November 22, 1931

8. AGE: Years 7 | Months 7 | Days 5 | If less than one day hrs. min.

9. Birthplace Mardela Springs, Md. (Town, county, and state)
10. Usual occupation student
11. Industry or business

FATHER
12. Name James Hull
13. Birthplace Wetipquin Md.

MOTHER
14. Maiden name Bertha Deshields
15. Birthplace Mardela Springs, Md.

16. Informant Rueben Hoffman, M.D.
Address Henryton, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 6/30/39 (month) (day) (year)
Cemetery or crematory Salisbury Md.
Location Salisbury Md.
18. Funeral director David Messick
Address Salisbury Md.

19. 6/27/39 (Date rec'd by registrar) 19 Albert A Swankhaus Deputy Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 27 1939, at 9:10 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 25 1939, to june 27 1939, and that I last saw her alive on June 27 1939

Immediate cause of death	DURATION
Tuberculous Meningitis	1 Week
Due to ---	
Due to ---	
Other conditions Pulmonary Tuberculosis	Jan. 1939

(Include pregnancy within 3 months of death)

Major findings:
Of operations ---
Of autopsy No Autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide --- Date of ---
Where did injury occur? --- (City or town) (County) (State)
Injured at home, farm, industry, public place (where?) ---
Means of injury --- injured at work? ---

23. SIGNATURE Reuben Hoffman M.D. M. D. or other
Address Henryton, Maryland Date signed 6/27/39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JUL 5 1923
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. Dist. No. 74

05872

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

(a) County Carroll

(b) City or town Sykesville (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: Springfield State Hosp

(d) Length of stay in hospital or inst. (yrs., mos., or days) 16 yrs

(e) Length of stay in this community (yrs., mos., or days)

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Md (b) County Baltimore

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 112 S Fulton Ave (If rural give location)

(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME Mary Jelley

3 (b) If veteran, name war —

3 (c) Social Security No. —

4. Sex Female

5. Color or race white

6 (a) Single, married, widowed, or divorced. single

6 (b) Name of husband or wife —

6. (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Feb 23-1886

8. AGE: Years 53 Months 3 Days 20 If less than one day ___ hr. ___ min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual occupation not any

11. Industry or business

FATHER 12. Name Samuel Jelley

13. Birthplace Baltimore

MOTHER 14. Maiden Name Rose Fitzpatrick

15. Birthplace Baltimore

16 (a) Informant Wm. Roeder

(b) Address 112 S Fulton Ave Balto

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 16, 1939 (month) (day) (year)

(c) Cemetery or crematory Cathedral

Location Baltimore

18 (a) Funeral director A. Jones

(b) Address 1115 Gilmor St

19 (a) June 14 (Date rec'd by registrar) (b) C Harry Hess Registrar

MEDICAL CERTIFICATION

20. Date of death June 12 1939, at 7-20 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 1938, to June 12 1939, and that I last saw him alive on June 12 1939.

Immediate cause of death	Duration
Due to Cerebral Hemorrhage	2 days
Due to arterio-Sclerosis	?
Other conditions Epilepsy	all life

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature H. N. Martin M. D. or other

Address Sykesville Date signed June 12/39

MARGIN RESERVED FOR BINDING

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JUN 15 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

(131)

05873

CERTIFICATE OF DEATH

Reg. Dist. No. 83

1. PLACE OF DEATH:

County: Carroll

City or town: Rural R.D. Sykesville, Md
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Carroll

City or town: Rural — Sykesville Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.: M. Winfield, Md.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Lillian V Jenkins

3. (b) Social Security Number: None

4. Sex: Female

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Albert V. Jenkins

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): April 13, 1870

8. AGE: Years 69 Months 2 Days 13 If less than one day ____ hrs. ____ min.

9. Birthplace: Carroll Co. Md.
(Town, county, and state)

10. Usual occupation: House work

11. Industry or business: Home

FATHER
12. Name: Franklin Rawlings
13. Birthplace: Carroll Co. Md.

MOTHER
14. Maiden name: Mary Jane Allen
15. Birthplace: Carroll Co. Md.

16. Informant: Mrs. Columbus Barnes
Address: R.D. Sykesville, Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof June 29, 1939 (month) (day) (year)

Cemetery ~~or crematory~~: Messiah Lutheran

Location: Bennett, Carroll Co Md

18. Funeral director: C. M. Waltz

Address: Winfield Md.

19. June 28 1939 (Date rec'd by registrar) Edna M. Hewitt Registrar
Deputy Local

MEDICAL CERTIFICATION

20. DATE OF DEATH: June 26, 1939, at 8:P. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct. 12 1938, to 6/26 1939, and that I last saw her alive on 6/25/39 19

Immediate cause of death: Chronic Interstitial Nephritis

Due to: Chronic Myocarditis Cr. Mitral Regurgitation

Other conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations: None
Of autopsy: None

DURATION: 10 years; 10 years

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide ____ Date of ____

Where did injury occur? ____ (City or town) ____ (County) ____ (State)

Injured at home, farm, industry, public place (where?)

Means of injury ____ Injured at work?

23. SIGNATURE: Thurber Bare M. D. or other

Address: Westminster Md Date signed 6/28/39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (97)

Reg. Dist. No. 74

05874

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

(a) County Carroll

(b) City or town Sykesville, Md. (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: Springfield State Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 1mo-4da

(e) Length of stay in this community (yrs., mos., or days)

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Maryland (b) County —

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 1604 E-25th St. (If rural give location)

(e) If foreign born, how long in U. S. A.? _____ years

3 (a) **FULL NAME** Nicholas Krieger

3 (b) If veteran, name war —

3 (c) Social Security No. —

4. Sex Male

5. Color or race White

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Matilda Decker

6. (c) If alive, give age 84 years

7. Birth date of deceased (mo., day, yr.) July 21, 1853

8. **AGE:** Years 85 | Months 10 | Days 23 | If less than one day _____ hr. _____ min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual occupation Carpenter

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Maryland

MOTHER
14. Maiden Name Unknown
15. Birthplace Maryland

16 (a) Informant Elmer Krieger - Son

(b) Address 1604 E - 25th St - Balt. Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 16 1939 (month) (day) (year)

(c) Cemetery or crematory Parkwood

Location Parkville Md.

18 (a) Funeral director William Cook

(b) Address 1219 St Paul St Baltimore Md

19 (a) June 14 (Date rec'd by registrar) (b) C. Haney Steer Registrar

MEDICAL CERTIFICATION

20. Date of death June 13 1939, at 11:20 P M

21. I certify that death occurred on the date above stated; that I attended deceased from May 9 1939, to June 13 1939, and that I last saw him alive on June 13 1939.

Immediate cause of death	Duration
	Known
Due to Arteriosclerosis	1938
Due to	
Other conditions Senile Psychosis (Include pregnancy within 3 months of death)	1938

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature M. Virginia Beyer M. D. or other

Address Sykesville, Md Date signed

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JUN 20 1930
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

05875

Reg. Dist. No. 74

1. PLACE OF DEATH:

County: Carroll

City or town: Henryton (If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Maryland Tuberculosis Sanatorium Colored Branch,

Stay in hospital or inst. (yrs., or mos., or days): 0, 0, 18 days

Stay in this community (yrs., or mos., or days): 0, 0, 18 days

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State: Maryland County: Pr. George

City or town: Brentwood Ward No. (If outside city or town limits, write RURAL NEAR and give town)

Street No.: 100 Banner St. (If rural give LOCATION)

2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Charles Herbert Lucas

3. (b) Social Security Number: Unknown

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Male	Colored	Married

6 (b) Name of husband or wife: Grace Lucas

6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): April 14, 1914

8. AGE:

Years	Months	Days	If less than one day
25	1	0	hrs. min.

9. Birthplace: Hyattsville, Pr. Geo's, Md. (Town, county, and state)

10. Usual occupation: Truck Driver

11. Industry or business: Unknown

FATHER — 12. Name: Edward Tensley

FATHER — 13. Birthplace: South Carolina

MOTHER — 14. Maiden name: MelvinaLucas

MOTHER — 15. Birthplace: Virginia

16. Informant: Dr. Reuben Hoffman

Address: Henryton, Maryland

17. Burial (Burial, cremation, or removal. Which?) Date thereof June 18 1939 (month) (day) (year)

Cemetery or crematory: Methodist

Location: Bladensburg, Md.

18. Funeral director: F. Gasch's Sons

Address: Hyattsville Md.

19. 6/14/39 (Date rec'd by registrar) 19 Albert R Swanhaus Deputy Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 14, 1939 19, at 3.55P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from MAY 26, 1939 19 to June 14, 1939 19, and that I last saw him alive on June 14, 1939 19.

Immediate cause of death: Pulmonary Tuberculosis — DURATION: Feb. 1939 to June 1939

Due to: ---

Due to: ---

Other conditions: ---

(Include pregnancy within 3 months of death)

Major findings:

Of operations: ---

Of autopsy: No autopsy

PHYSICIAN — Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: --- Date of: ---

Where did injury occur? --- (City or town) (County) (State)

Injured at home, farm, industry, public place (where?): ---

Means of injury: --- Injured at work? --

23. SIGNATURE: Reuben Hoffman, M. D. (M. D. or other)

Address: Henryton, Maryland Date signed: 6/14/39

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
JUL 5
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

82-a

05876

Reg. Dist. No. 79

1. PLACE OF DEATH:

County Carroll

City or town Middleburg
(If outside city or town limits, writes RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 10 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Frederick

City or town Emmitsburg Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. —
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME John W. Newcomer

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M	W	widower

6 (b) Name of husband or wife Bertha Slick Newcomer

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 17, 1875

8. AGE:

Years	Months	Days	If less than one day
63	11	10	hrs. min.

9. Birthplace Md.
(Town, county, and state)

10. Usual occupation painter

11. Industry or business

FATHER
12. Name John Newcomer
13. Birthplace Md

MOTHER
14. Maiden name Lavina Leister
15. Birthplace Md.

18. Informant Carroll Newcomer

Address Emmitsburg, Md.

Reformed Taneytown Date thereof June 30, 1939.
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory

Location

18. Funeral director C.O. FUSS & SON

Address Taneytown, Md.

19. June 29 1939 Mrs. Rhea S. Diller
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 27 1939, at 6:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 19 1939, to June 27 1939, and that I last saw him alive on June 27 1939.

Immediate cause of death	DURATION
Cerebral Hemorrhage	1 day
Due to Arteriosclerosis	2
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Ot operations

Dt autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Roland R. Diller M.D.
M. D. or other

Address Detour Md Date signed 6/28/39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VSA15

RECEIVED
JUL 3 1963
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

05877

V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH

County CARROLL Registration Dist. No. 74

Village or City SYKESVILLE No. SPRINGFIELD STATE HOSPITAL St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ... yrs. 7 mos. 3 ds. How long in U.S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME ELIZABETH NICKLAS If U. S. Veteran, specify WAR

(a) Residence: No. RASPEBERG, MARYLAND St., Ward.
(Usual place of abode)
If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
FEMALE	WHITE	MARRIED

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of WILLIAM NICKLAS.

6. DATE OF BIRTH (month, day, and year) AUG. 6, 1874.

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	64	10	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. HOUSEWIFE

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. OWN HOME

10. Date deceased last worked at this occupation (month and year) MAY 1938

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) HADDONFIELD, N.J.

FATHER

13. NAME PHILIP HOLWORTH.

14. BIRTHPLACE (city or town) (State or country) NEW JERSEY

MOTHER

15. MAIDEN NAME MARGARET AGNEW.

16. BIRTHPLACE (city or town) (State or country) IRELAND.

17. INFORMANT HOSPITAL RECORDS. (Address)

18. BURIAL, CREMATION, OR REMOVAL Springfield Hospital Cem. Date June 16, 1939

19. UNDERTAKER (Address) Sykesville Md.

20. FILED June 16, 1939 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH JUNE (Month) 14 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from FEB. 9, 1939, to JUNE 14, 1939

I last saw her alive on JUNE 13, 1939; death is said to have occurred on the date stated above, at 12:16 A. m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
ARTERIOSCLEROSIS	1936.
LOBAR PNEUMONIA	5-23-39.
CHRONIC MYOCARDITIS	UNK.
Other Contributory Causes of importance:	
PSYCHOSIS WITH CEREBRAL ARTERIOSCLEROSIS	1936.

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No.

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) William J. Shultzaberger M. D.

(Address) Springfield State Hospital Sykesville, Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Maryland.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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BUREAU OF U. S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore 197a

Reg. Dist. No. 74

CERTIFICATE OF DEATH

015878

1. PLACE OF DEATH:

(a) County Carroll

(b) City or town Sykesville (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: Springfield State Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) Sept 1 mo

(e) Length of stay in this community (yrs., mos., or days)

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Md (b) County Carroll

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 1413 N Rose St (If rural give location)

(e) If foreign born, how long in U. S. A.? 6 years

3 (a) **FULL NAME** Michael Gorosilich

3 (b) If veteran, name war 6

3 (c) Social Security No. 6

4. Sex Male

5. Color or race White

6 (a) Single, married, widowed, or divorced. single

6 (b) Name of husband or wife 6

6. (c) If alive, give age 6 years

7. Birth date of deceased (mo., day, yr.) Aug 5th - 1917

8. **AGE:** Years 21 | Months 10 | Days 24 | If less than one day ____ hr. ____ min.

9. Birthplace Pa (Town, county, and state)

10. Usual occupation not any

11. Industry or business

FATHER 12. Name Louis Gorosilich

13. Birthplace Czecho Slovakia

MOTHER 14. Maiden Name E. Gudgusch Rokusch

15. Birthplace Czecho-Slovakia

16 (a) Informant Louis Gorosilich

(b) Address 1413 N Rose St Balto

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 30/939 (month) (day) (year)

(c) Cemetery or crematory Springfield Hosp.

Location Sykesville Md.

18 (a) Funeral director C N Steer

(b) Address Sykesville Md.

19 (a) June 29 (b) 1939 C Nelson Steer (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. Date of death June 29 1939, at 2304 M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 1938, to June 29 1939, and that I last saw him alive on June 29 1939

Immediate cause of death	Duration
Bronchopneumonia	1 day
Due to Pneumonia	
Due to Epilepsy	17 yrs
Other conditions Convulsions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations Bronchopneumonia

Of autopsy Lt. frontal lobe of brain calcified aspergillus

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature H. J. Gaston M. D. or other

Address Sykesville Date signed

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (73-C)

CERTIFICATE OF DEATH

05879

Reg. Dist. No. 76

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Carroll
City or town Westminster (If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: 222 Green Street
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 40 years

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
State Maryland County Carroll
City or town Westminster Ward No. (If outside city or town limits, write RURAL NEAR and give town)
Street No. 222 Green (If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Cecelia V. O'Bold

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
F	W	Single

6 (b) Name of husband or wife ---

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) May 13 1866

8. AGE: Years 73 | Months 0 | Days 7 | If less than one day ____ hrs. ____ min.

9. Birthplace Maryland (Town, county, and state)

10. Usual occupation none

11. Industry or business

FATHER 12. Name Edmund J. O'Bold
13. Birthplace Maryland

MOTHER 14. Maiden name Philomena C. Yingling
15. Birthplace Maryland

16. Informant Mrs Samuel Helm
Address Westminster, Maryland

17. Burial (Burial, cremation, or removal. Which?) Date thereof June 23 1939 (month) (day) (year)
Cemetery or crematory St. Johns Catholic Cemetery
Location Westminster, Maryland

18. Funeral director H Bankard & Son
Address Westminster, Maryland

19. Rec'd 1935 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 21st 1939, at 10 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb. 27th 1935 to June 21st 1939, and that I last saw h-- alive on June 20th 1939.

Immediate cause of death Chronic Myocarditis — DURATION 5 years
Due to Senility
Due to
Other conditions None
(Include pregnancy within 3 months of death)
Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE C. H. Billingslea, M. D.
M. D. or other
Address Date signed

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BUREAU

STATE OF MARYLAND—CERTIFICATE OF DEATH

05880

1. PLACE OF DEATH (93-c)

County Carroll Registration Dist. No. 74

Village or City Sykesville No. Springfield State Hosp St., S.T.A. Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ____ yrs. ____ mos. 6 ds. How long in U.S. if of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME Samuel Penn If U. S. Veteran, specify WAR ____

(a) Residence: No. 4304 Parkwood Ave. St., ____ Ward. Baltimore

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): married

5a. If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~: Nanie Talley

6. DATE OF BIRTH (month, day, and year): June 13, 1849

7. AGE: Years 89 | Months 11 | Days 23 | If LESS than 1 day, ____ hrs. or ____ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: Laborer

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.: Ship yard

10. Date deceased last worked at this occupation (month and year) ____

11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (city or town) (State or country): Cumberland Md.

FATHER

13. NAME: Seth Penn

14. BIRTHPLACE (city or town) (State or country): ?

MOTHER

15. MAIDEN NAME: ?

16. BIRTHPLACE (city or town) (State or country): ?

17. INFORMANT (Address): John W. Penn 4304 Parkwood Ave., Baltimore

18. BURIAL, CREMATION, OR REMOVAL Place: Cedar Hill Cem. Date: June 7, 1939

19. UNDERTAKER (Address): Wm Cook 1217 St Paul St. Balto Md

20. FILED 6/5, 1939 C Harry Weir Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH June (Month) 5 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from May 30, 1939, to June 5, 1939

I last saw him alive on June 5, 1939; death is said to have occurred on the date stated above, at ____ m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Arteriosclerosis, generalized	5-30-39 (Known)
Chronic myocarditis	5-30-39 (Known)
Hypostatic Bronchopneumonia	6-4-39
Other Contributory Causes of importance:	
Arteriosclerotic gangrene left foot	5-23-39

Name of operation ____ Date of ____

What test confirmed diagnosis? ____ Was there an autopsy? yes

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ____ Date of Injury ____, 19__

Where did injury occur? ____ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? ____

If so, specify ____

(Signed) M. Virginia Beyer M. D.

(Address) Sykesville, Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and **own home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel,** etc. For a person who had no occupation whatever write **none.**

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver,** etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill,** etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer,** etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist,** etc. Distinguish carefully between **retail merchants** and **wholesale merchants.** A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 1, 192*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

05881

1. PLACE OF DEATH (45D)

County Carroll Registration Dist. No. 76

Village or City Westminster, Md. No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. Alora Porter If U. S. Veteran, specify WAR

(a) Residence: No. Center St. Westminster Md Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of late Noah Porter.

6. DATE OF BIRTH (month, day, and year) May 17, 1880

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	59	0	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. None.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Penna.

FATHER

13. NAME Isiah Naill

14. BIRTHPLACE (city or town) (State or country) Maryland.

MOTHER

15. MAIDEN NAME Fannie Evans.

16. BIRTHPLACE (city or town) (State or country) Maryland.

17. INFORMANT Mr. Theodore Porter (Address) Westminster Md

18. BURIAL, CREMATION, OR REMOVAL Place Taylorsville Cemtry Date June 7, 1939

19. UNDERTAKER C. M. Waltz (Address) Winfield Md.

20. FILED 6/6 1939 L. H. Woodward Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH June (Month) 5, (Day) 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Oct. 10, 1938, to June 5, 1939

I last saw her alive on June 4, 1939; death is said to have occurred on the date stated above, at 5:40 A.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Carcinoma of the Mandible	1937

Other Contributory Causes of importance:

Name of operation Date of

What test confirmed diagnosis? Biopsy Was there an autopsy? no

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did Injury occur? (Specify city or town, county and State)

Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) Wm. M. Taylor M. D.

(Address) Westminster, Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel,** etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver,** etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill,** etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer,** etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist,** etc. Distinguish carefully between **retail merchants** and **wholesale merchants.** A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, **not** the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

RECEIVED JUL 6 1927 BUREAU V. S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

05882

1. PLACE OF DEATH Maryland Tuberculosis Sanatorium Colored Branch (23)

County Carroll Registration Dist. No. 74

Village or City Henryton, Maryland No. (Above) St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residance in city or town where death occurred 1 yrs. 1 mos. 8 ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Joseph Leo Proctor If U. S. Veteran, specify WAR None

(a) Residence: No. LaPlata, Charles Co., Md. St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ----

6. DATE OF BIRTH (month, day, and year) April 1, 1916

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
23	2	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Laborer

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Unknown

10. Date deceased last worked at this occupation (month and year) Unkhown

11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (city or town) LaPlata

(State or country) Maryland

FATHER

13. NAME William Proctor

14. BIRTHPLACE (city or town) Unknown

(State or country) Maryland

MOTHER

15. MAIDEN NAME Mary Butler

16. BIRTHPLACE (city or town) Unknown

(State or country) Maryland

17. INFORMANT Reuben Hoffman, M. D.

(Address) Henryton, Maryland.

18. BURIAL, ~~CREMATION~~ OR REMOVAL

Place LaPlata Date 6/8, 1939

19. UNDERTAKER Hewitt & Rogers

(Address) Waldorf, Md.

20. FILED 6/6/39, 19 Albert R Swanborn

Deputy Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH June 6, 1939

(Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from April 29, 1939, to June 6, 1939

I last saw him alive on June 6, 1939; death is said to have occurred on the date stated above, at 4.10 P. M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	
	Dec.
	1937

Other Contributory Causes of Importance: ----

Name of operation ---- Date of

Whet test confirmed diagnosis? --- Was there an autopsy? No

23. If death was due to external causes (VIDLENCE) fill in also the following:

Accident, suicida, or homicide? --- Date of Injury ,19

Where did Injury occur? ----

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury ---

Natura of injury ---

24. Was disease or injury in any way ralatad to occupation of deceased? No

If so, specify ---

(Signed) Reuben Hoffman M. D.

(Address) Henryton, Maryland.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

RECEIVED JUL 5 1927 BUREAU V. S.

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*	*Attack of epilepsy*	*1 week ago*
Chronic interstitial nephritis	*1921*	*Run over by street car*	*1 week ago*
Cerebral hemorrhage	*July 5, 1927*	*Peritonitis*	*3 days ago*
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	*May 1, 1923*	*Gastroenteritis*	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (23)

CERTIFICATE OF DEATH

05883

Reg. Dist. No. 74

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

1. PLACE OF DEATH:

County: Carroll

City or town: Henryton
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:
Maryland Tuberculosis Sanatorium Colored Branch

Stay in hospital or insl. (yrs., or mos., or days): 26 days

Stay in this community (yrs., or mos., or days): 26 days

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County:

City or town: Baltimore Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.: 1013 W. Lanvale St.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Alice Virginia Randalph

3. (b) Social Security Number: None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	Colored	Single

6 (b) Name of husband or wife: ---

6(c) If alive, give age: --- years

7. Birth date of deceased (mo., day, yr.): Dec. 23, 1923

8. AGE: Years	Months	Days	If less than one day
15	5	22	---hrs. ---min.

9. Birthplace: ---, ---, Maryland
(Town, county, and state)

10. Usual occupation: Scholar

11. Industry or business: Unknown

FATHER
12. Name: Loyal Randalph
13. Birthplace: Ceyser W. Virginia

MOTHER
14. Maiden name: Eleanor Brown
15. Birthplace: Maryland

16. Informant: Dr. Reuben Hoffman
Address: Henryton, Maryland

17. (Burial, cremation, or removal. Which?) Date thereof: 6-19-39. (month) (day) (year)

Cemetery or crematory: Mt. Auburn

Location: Baltimore City

18. Funeral director: Turner & Kelson

Address: 1303 Prestman St.

19. 6/15/39 (Date rec'd by registrar) 19---

Albert R. Swankhouse
Deputy Registrar

MEDICAL CERTIFICATION

6.45 P

20. DATE OF DEATH: June 15, 1939 19---, at ---M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 19, 1938 19--- to June 15, 1939 19---, and that I last saw her alive on June 15, 1939 19---.

Immediate cause of death: Pulmonary Tuberculosis — DURATION: Jan. 1939

Due to:

Due to:

Other conditions: ---
(Include pregnancy within 3 months of death)

Major findings:

Of operations: ---

Of autopsy: No Autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: --- Date of: ---

Where did injury occur? --- (City or town) (County) (State)

Injured at home, farm, industry, public place (where?): ---

Means of injury: --- Injured at work? ---

23. SIGNATURE: Reuben Hoffman M.D.
M. D. or other

Address: Henryton, Maryland Date signed: 6/15/39

RECEIVED
JUN 22 1939
BUREAU V. S.

05884

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH (59)

County Carroll Registration Dist. No. 74

Village or City Lykesville No. Springfield State St. Hospital Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 1 yrs. 4 mos. 14 ds. How long in U.S. if of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME ~~Hettie~~ Richardson If U. S. Veteran, specify WAR Bello

(a) Residence: No. Ella C. St., ____ Ward. Ella Maryland

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F.

4. COLOR OR RACE W.

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Aug. 24, 1875

7. AGE Years 63 Months 9 Days 29 If LESS than 1 day, ____ hrs. or ____ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. none

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Unknown (State or country) Maryland

FATHER

13. NAME Joshua Barney

14. BIRTHPLACE (city or town) Unknown (State or country) Maryland

MOTHER

15. MAIDEN NAME Kate Harrison

16. BIRTHPLACE (city or town) Unknown (State or country) Arkansas

17. INFORMANT Hospital Records (Address) Lykesville Md

18. BURIAL, CREMATION, OR REMOVAL Place Western Date 6/24/39

19. UNDERTAKER Edw. S. Mac Nabb (Address) Catonsville Md.

20. FILED June 23, 1939 C. Harry Weer Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH June (Month) 22 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from June 2, 1938, to June 22, 1939 I last saw her alive on June 22, 1939; death is said to have occurred on the date stated above, at 5.10 P.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Cerebral Arteriosclerosis	1-1938
Cerebral Thrombosis	6-16-39

Other Contributory Causes of Importance:

Diabetes Mellitus	1935

Name of operation ____ Date of ____

What test confirmed diagnosis? ____ Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ____ Date of Injury ____, 19____

Where did injury occur? ____ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? ____

If so, specify ____

(Signed) Maud M. Rees M. D.

(Address) Lykesville Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel,** etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver,** etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill,** etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer,** etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist,** etc. Distinguish carefully between **retail merchants** and **wholesale merchants.** A person who sells goods should be called a **salesman** and not a **clerk.**

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*	*Attack of epilepsy*	*1 week ago*
Chronic interstitial nephritis	*1921*	*Run over by street car*	*1 week ago*
Cerebral hemorrhage	*July 5, 1927*	*Peritonitis*	*3 days ago*
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	*May 1, 1923*	*Gastroenteritis*	*1 year*

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JUN 28 1939
BUREAU V. S.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

Authorization to change name, letter from Dr. Maud Rees in Permanent File - 7-19-39
a.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (108)

Reg. Dist. No. 74

05885

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

(a) County Carroll

(b) City or town Sykesville (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: Springfield State Hosp.

(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 yr 10 mo

(e) Length of stay in this community (yrs., mos., or days) —

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Md (b) County Baltimore

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 2556 W Baltro St. (If rural give location)

(e) If foreign born, how long in U. S. A.? 59 years

3 (a) FULL NAME Minnie Rodgers

3 (b) If veteran, name war —

3 (c) Social Security No. —

4. Sex Female

5. Color or race white

6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife Frank Rodgers

6. (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Dec 12 - 1847

8. AGE: Years 91 Months 6 Days 18 If less than one day ____ hr. ____ min.

9. Birthplace Germany (Town, county, and state)

10. Usual occupation —

11. Industry or business

FATHER 12. Name Carl Shipley

13. Birthplace Germany

MOTHER 14. Maiden Name Unknown

15. Birthplace Germany

16 (a) Informant Mary A Carr

(b) Address 2556 W Baltimore St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 3, 1939 (month) (day) (year)

(c) Cemetery or crematory London Park Cem.

Location Balto. Md

18 (a) Funeral director F. B. Wippert

(b) Address 1300 Eutaw Place Balto.

19 (a) June 30, 1939 (Date rec'd by registrar) (b) C Harry Weed Registrar

MEDICAL CERTIFICATION

20. Date of death June 30 1939, at 7.01 a M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 30 1937, to June 30 1939, and that I last saw him alive on June 30 1939.

Immediate cause of death Lobar Pneumonia — Duration 2 wk.

Due to

Due to Chr. Myocarditis arterio Sclerosis — ?

Other conditions (Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature M. G. Martin M. D. or other

Address Sykesville Date signed June 30/39

MARGIN RESERVED FOR BINDING

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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JUL 5 1939
BUREAU V. S.

05886

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (50)

CERTIFICATE OF DEATH

Reg. Dist. No. 76

1. PLACE OF DEATH:

County: Carroll

City or town: Rural Westminster, Md.
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days): 16 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Carroll

City or town: Rural Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.: Eastview
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Edith Mae Rosenberger

3. (b) Social Security Number: None

4. Sex: Female

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband ~~or wife~~: John H. Rosenberger

6 (c) If alive, give age: 46 years

7. Birth date of deceased (mo., day, yr.): Oct. 2, 1892

8. AGE: Years: 46 Months: 8 Days: 28 If less than one day: hrs. min.

9. Birthplace: Louisville, Carroll, C. Md.
(Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business

FATHER
12. Name: C. Lewis Brauning
13. Birthplace: Maryland

MOTHER
14. Maiden name: Mollie Shipley
15. Birthplace: Maryland

16. Informant: Mr. John H. Rosenberger

Address: R.D. Westminster Md

17. ~~Trinity~~ Burial Date thereof: July 3, 1939
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory: Trinity Lutheran

Location: Eastview

18. Funeral director: C.M. Waltz

Address: Winfield Md

19. 7/2 1939 L. Woodward
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: June 30 1939, at 7 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 22 1939, to June 30 1939, and that I last saw her alive on June 30 1939.

Immediate cause of death: Carcinoma of Breast metastasis to liver

DURATION: 3 years

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations: Carcinoma both breasts

Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: Shuster Bar
M. D. or other

Address: Westminster, Md. Date signed: 6/30/39

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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JUL 6 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

05887

Reg. Dist. No. 75

1. PLACE OF DEATH:

County: Carroll Co. Md.

City or town: Manchester
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Main St.

Stay in hospital or inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days): 69 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: County:

City or town: Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Simon Grammer Schultz

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M.	W.	Married

6 (b) Name of husband or wife: Mae Alberta Mauchey

6(c) If alive, give age: 65 years

7. Birth date of deceased (mo., day, yr.): 2-18-'70

8. AGE: Years	Months	Days	If less than one day
69	3	29	hrs. min.

9. Birthplace: Manchester
(Town, county, and state)

10. Usual occupation: Cigar Maker

11. Industry or business:

FATHER — 12. Name: David Schultz

13. Birthplace: Manchester

MOTHER — 14. Maiden name: Julia Ann Wearner

15. Birthplace: Carroll Co. Md.

16. Informant: Mae Alberta Schultz (wife)

Address: Manchester Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof June 20, 1939 (month) (day) (year)

Cemetery or crematory: Manchester Cemetery

Location: Manchester, Maryland

18. Funeral director: Jacob Wisner Sons

Address: Manchester Md.

19. June 20 1939 (Date rec'd by registrar) Mrs. W. J. S. Denner Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: June, 17 1939, 10:17a M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June, 15 1939 to June, 17 1939, and that I last saw him alive on June, 17 1939.

	DURATION
Immediate cause of death: Acute Dilatation of Heart	2 days
Pulmonary Oedema	
Due to Chronic Myocarditis	2 years.
Due to	
Other conditions Prostatic Hypertrophy	
Enlargement Liver	

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy:

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, Industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: Maurice C. Porterfield M. D. or other

Address: Hampstead, Md. Date signed 6-17-39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

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JUL 5 1939
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

05888

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

1. PLACE OF DEATH

County Carroll — Registration Dist. No. 74

Village or City Lyndonville — No. Springfield State St. — Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 3 yrs. 4 mos. 3 ds. How long in U.S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Rosie Shaffer — If U. S. Veteran, specify WAR ...

(a) Residence: No. ... St., ... Ward. Cumberland Md

(Usual place of abode) — If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
F.	W.	Single.

5a. If married, widowed, or divorced
HUSBAND of —
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) May 21, 1906

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	33	0	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. None

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. ...

10. Date deceased last worked at this occupation (month and year) ... 11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) Tucker County (State or country) West Va

FATHER

13. NAME Daniel Shaffer

14. BIRTHPLACE (city or town) Barbour Co (State or country) West Va.

MOTHER

15. MAIDEN NAME Louisa B. Rucupp

16. BIRTHPLACE (city or town) Barbour Co, (State or country) West Va

17. INFORMANT Hospital Records (Address) Lyndonville Md

18. BURIAL, CREMATION, OR REMOVAL Springfield Cem. Date June 6, 1939

19. UNDERTAKER C. N. Keen (Address) Lyndonville Md

20. FILED June 6, 1939 C. Harry Keen Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH June (Month) 6th. (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from April 2, 1937, to June 6, 1939

I last saw her alive on June 6, 1939 death is said to have occurred on the date stated above, at 9.30 A.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Tuberculosis of the Lungs.	Jan. 1939.

Other Contributory Causes of Importance:

Name of operation ... Date of ...

What test confirmed diagnosis? X-ray Was there an autopsy? Yes.

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) Mary M. Keen M. D.

(Address) Lyndonville Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

05889

Reg. Dist. No. 74

1. PLACE OF DEATH:

County: Carroll

City or town: Henryton
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:
Maryland Tuberculosis Sanatorium
Colored Branch

Stay in hospital or inst. (yrs., or mos., or days): 6 months 29 days

Stay in this community (yrs., or mos., or days): (Same as above)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Dorcester

City or town: Cambridge Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. R.F.D. #3
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Frederick Sharp

3. (b) Social Security Number: Unknown

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	Colored	Single

6 (b) Name of husband or wife: ---

6(c) If alive, give age: --- years

7. Birth date of deceased (mo., day, yr.): May 3, 1920

8. AGE:

Years	Months	Days	If less than one day
19	1	24	---hrs. ---min.

9. Birthplace: Castle Haven, Dorcester Co., Md
(Town, county, and state)

10. Usual occupation: Laborer

11. Industry or business: Unknown

FATHER
12. Name: Albert Sharp
13. Birthplace: Castle Haven, Dorcester Co., Md.

MOTHER
14. Maiden name: Clara Wheatley
15. Birthplace: Castle Haven, Maryland

16. Informant: Dr. Reuben Hoffman
Address: Henryton, Maryland

17. Burial
(Burial, cremation, or removal. Which?)
Date thereof 6/30/39 (month) (day) (year)

Cemetery or crematory: Beckwith Cemetery

Locafion: Dorcester Co, Md.

18. Funeral director: T McClean

Address: 308 Muir St Cambridge Md

19. June 27 19 39
(Date rec'd by registrar)

Albert R Swankhaus
Deputy Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: June 27, 1939 19---, at 3.30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov. 28, 1938 19--- to June 27, 1939 19---, and that I last saw him alive on June 27, 1939 19---

Immediate cause of death: Pulmonary Tuberculosis — DURATION: Aug. 1938

Due to: ---

Due to: ---

Other conditions: ---

(Include pregnancy within 3 months of death)

Major findings:

Of operations: ---

Of autopsy: No Autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: --- Date of: ---

Where did injury occur? --- (City or town) --- (County) --- (State)

Injured at home, farm, industry, public place (where?): ---

Means of injury: --- Injured at work? ---

23. SIGNATURE: Reuben Hoffman M.D.
M. D. or other

Address: Henryton, Md. Date signed: 6/27/39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JUL 5 1939
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

05890

1. PLACE OF DEATH

County Carroll — Registration Dist. No. 77

Village or City Near Maple Grove — No. ____ St., ____ Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 36 yrs. ____ mos. ____ ds. How long in U.S. if of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME Marthie Jane Shearer — If U. S. Veteran, specify WAR ____

(a) Residence: No. ____ St., ____ Ward. ____

(Usual place of abode) — If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Widow

5a. If married, widowed, or divorced (or) WIFE of ~~HUSBAND of~~ John S Shearer (Deceased) Widowed

6. DATE OF BIRTH (month, dey, and year) March 17 1868

7. AGE Years	Months	Deys	If LESS than 1 day, ____ hrs. or ____ min.
71	2	20	

OCCUPATION

8. Trade, profession, or perticuler kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. House Wife

9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc. ~~X~~

10. Dete deceased lest worked at this occupetion (month end yeer) C — 11. Totel time (yeers) spent in this occupetion C

12. BIRTHPLACE (city or town) Md. (State or country)

FATHER

13. NAME Henry K. Adam

14. BIRTHPLACE (city or town) Md. (State or country)

MOTHER

15. MAIDEN NAME Mary Boblitz

16. BIRTHPLACE (city or town) Md (State or country)

17. INFORMANT Sadie M. Shearer (Address) Hampstead Md

18. BURIAL, CREMATION, OR REMOVAL Place Grave Run Cem. Dete June 9, 1939

19. UNDERTAKER Jacob Wright Sons (Address) Manchester Md

20. FILED June 7, 1939 Milford S. Hughes (Deputy) Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH June (Month) 7 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Aug, 1938, to June 7, 1939

I last saw her alive on June 5, 1939; death is said to have occurred on the dete stated above, at 7 A m.

The **PRINCIPAL CAUSE OF DEATH** and releted ceuses of importance were as follows:

	Date of onset
Carcinoma of Colon	1938
Other Contributory Causes of Importance: Arteriosclerosis	

Neme of operation ____ Date of ____

Whet test confirmed diegnosis? Phys Exam Wes there an autopsy? no

23. If deeth was due to externel ceuses (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ____ Date of Injury ____, 19____

Where did injury occur? ____ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Menner of Injury ____

Neture of injury ____

24. Wes diseese or injury in any wey releted to occupetion of deceesed? ____

If so, specify ____

(Signed) W. R. S. Benner M. D.

(Address) Manchester, Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

RECEIVED JUL 31 1927 BUREAU V. S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

05891

1. PLACE OF DEATH (73-2)

County Carroll Registration Dist. No. 74

Village or City Sykesville No. St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME John A. Shipley If U. S. Veteran, specify WAR

(a) Residence: No. Sykesville, Md. St., Ward.
(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Grace G. Shipley

6. DATE OF BIRTH (month, day, and year) Jan. 9th, 1894

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	45	4	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Sheriff

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year) 1938

11. Total time (years) spent in this occupation 4

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Howard Shipley

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Ida Easton

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Grace G. Shipley
(Address) Sykesville, Md.

18. BURIAL, CREMATION, OR REMOVAL
Springfield Cemetery Date June 10, 1939
Taylorsville

19. UNDERTAKER N. Bankard & Son
(Address) Westminster Md.

20. FILED June 8, 1939 C Harry Weer
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH June (Month) 8 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Feb. 1939, to death 6/8, 1939

I last saw him alive on June 7, 1939; death is said to have occurred on the date stated above, at 12 m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Chronic myocarditis	1918

Other Contributory Causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no.

If so, specify

(Signed) W. H. Lawson M. D.

(Address) Sykesville

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel,** etc. For a person who had no occupation whatever write **none.**

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver,** etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill,** etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer,** etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist,** etc. Distinguish carefully between **retail merchants** and **wholesale merchants.** A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitiol nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

CORRECTION OF BURIAL PLACE: NEW CERTIFICATE FILED AUG 17 1939 under DR.LAWSON. - L.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (23) Reg. Dist. No. 74

CERTIFICATE OF DEATH

05892

1. PLACE OF DEATH:
(a) County Carroll.
(b) City or town Sykesville, Md. (Rural) (If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution: Springfield State Hospital, Sykesville, Md.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 30 days.
(e) Length of stay in this community (yrs., mos., or days) 30 days.

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Maryland (b) County Cecil.
(c) City or town Elkton. (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) If foreign born, how long in U. S. A.? Unknown years

3 (a) FULL NAME Salvatore Sierra.

3 (b) If veteran, name war #

3 (c) Social Security No. None.

4. Sex Male. 5. Color or race White 6 (a) Single, married, widowed, or divorced. Single.

6 (b) Name of husband or wife #

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Unknown.

8. AGE: Years 39(?) Months Unk. Days Unk. If less than one day ____hr. ____min.

9. Birthplace Mexico. (Town, county, and state)

10. Usual occupation Trackman.

11. Industry or business B. & O. R. R.

FATHER
12. Name Unknown.
13. Birthplace Unknown.

MOTHER
14. Maiden Name Unknown.
15. Birthplace Unknown.

16 (a) Informant Springfield Hospital Records.
(b) Address Sykesville Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 27 1939 (month) (day) (year)
(c) Cemetery or crematory Springfield
Location Sykesville Md.

18 (a) Funeral director C. W. Steer
(b) Address Sykesville Md.

19 (a) June 28 1939 (Date rec'd by registrar) C. Harry Steer Registrar

MEDICAL CERTIFICATION

20. Date of death June 24, 1939, at 4:35 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from May 25, 1939, to June 24, 1939, and that I last saw him alive on June 24 1939.

Immediate cause of death Acute Pulmonary Tuberculosis prior to 15-25-39. — Duration

Due to — Duration

Due to — Duration

Other conditions Dementia Praecox. — Duration

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Harry F. Baer, M.D. (M. D. or other)
Address Sykesville, Md. Date signed 6-24-39.

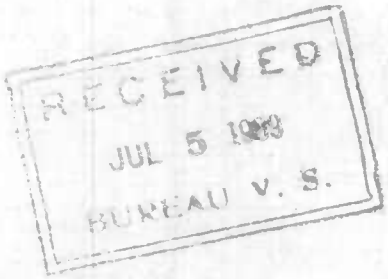
VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

Patient was admitted to Springfield State Hospital 5-25-39.
on transfer from E.S.S. Hospital, Cambridge, Md.,
where he had been an inmate since 6-10-25.

N. J. Baer, M.D.



05893

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

(59)

CERTIFICATE OF DEATH

Reg. Dist. No. 76

1. PLACE OF DEATH:

County: Carroll

City or town: Westminster
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Court Place

Stay in hospital or inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days): 5 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Carroll

City or town: Westminster Ward No.:
(If outside city or town limits, write RURAL NEAR and give town)

Street No.: Court Place
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: World

3. (a) FULL NAME: Almer C. Stem

3. (b) Social Security Number:

4. Sex: male

5. Color or race: white

6. (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: Maisie Crane

6 (c) If alive, give age: 53 years

7. Birth date of deceased (mo., day, yr.): July 2, 1873

8. AGE: Years 65 | Months 11 | Days 18 | If less than one day ___ hrs. ___ min.

9. Birthplace: Maryland
(Town, county, and state)

10. Usual occupation:

11. Industry or business: Real Estate (retired)

FATHER
12. Name: J. T. Stem
13. Birthplace: Maryland

MOTHER
14. Maiden name: Charlotte Wilt
15. Birthplace: Maryland

16. Informant: Mrs. Maisie Stem

Address: Westminster, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: June 22, 1939 (month) (day) (year)

Cemetery or crematory: Ebenezer

Location: Winfield, Md.

18. Funeral director: J. Francis Reese

Address: Westminster, Md.

19. 6/21 1939 (Date rec'd by registrar) L K Woodward, Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: June 20, 1939, at 1 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1937 to 6/20 1939, and that I last saw him alive on 6/14 1939.

Immediate cause of death: Coronary Thrombosis — DURATION: 10 mins

Due to: Arteriosclerosis — 2

Due to:

Other conditions: Diabetes — 10 yrs

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy:

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: L K Woodward MD, M. D. or other

Address: Westminster Md. Date signed: 6/21/39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

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JUL 8 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. Dist. No. 80

CERTIFICATE OF DEATH

(94a)

05894

1. PLACE OF DEATH:

(a) County Carroll

(b) City or town Marston (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in this community (yrs., mos., or days)

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State (b) County

(c) City or town (If outside city or town limits, write RURAL and give town)

(d) Street No. (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME George H. Stitely

3 (b) If veteran, name war

3 (c) Social Security No.

4. Sex Male

5. Color or race White

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Fannie C. Long Stitely

6. (c) If alive, give age 70 years

7. Birth date of deceased (mo., day, yr.) Jan 31-1866

8. AGE: Years 73 | Months 3 | Days 1 | If less than one day hr. min.

9. Birthplace Fredrick Co Md (Town, county, and state)

10. Usual occupation Retired Farmer

11. Industry or business

FATHER 12. Name William H. Stitely

13. Birthplace Md

MOTHER 14. Maiden Name Elizabeth Murphy

15. Birthplace Md

16 (a) Informant Mrs Fannie C. Stitely

(b) Address New Windsor Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 5-39 (month) (day) (year)

(c) Cemetery or crematory Bethel M E Cem

Location Near Marston

18 (a) Funeral director D D Hawkins & Sons

(b) Address New Windsor Md

19 (a) June 1939 (Date rec'd by registrar) (b) Ernest Bond Registrar

MEDICAL CERTIFICATION

20. Date of death June 2nd 1939, at 5 15 a. M

21. I certify that death occurred on the date above stated; that I attended deceased from May 29th 1939, to June 2nd 1939, and that I last saw him alive on May 30th 1939.

Immediate cause of death Angina Pectoris — Duration May 29, 39

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Stirling Geatty M. D. or other

Address New Windsor Md Date signed June 2, 1939

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 6 1939
BUREAU V. S.

05895

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH Maryland Tuberculosis Sanatorium
Colored Branch (23)

County Carroll Registration Dist. No. 74

Village or City Henryton No. (Above) St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 0 yrs. 4 mos. 26 ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Rosalie Sturgis If U. S. Veteran, specify WAR

(a) Residence: No. 111 W. Street, Salisbury, Md. Ward.
(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	Colored	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ---

6. DATE OF BIRTH (month, day, and year) March 19, 1918

7. AGE	Years	Months	Days	If LESS then 1 day, hrs. or min.
	21	2	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Domestic

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Unknown

10. Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (city or town) Salisbury, (State or country) Maryland

FATHER

13. NAME Charles Sturgis

14. BIRTHPLACE (city or town) Salisbury (State or country) Maryland

MOTHER

15. MAIDEN NAME Grace Sturgis

16. BIRTHPLACE (city or town) Salisbury (State or country) Maryland

17. INFORMANT Dr. Reuben Hoffman (Address) Henryton, Maryland

18. BURIAL, CREMATION, OR REMOVAL
Place Salisbury Date 6/13, 1939

19. UNDERTAKER F. C. Heinbothom Jr. (Address) Ellicott City, Md.

20. FILED 6/9/39, 19 Albert R. Swankhouse Deputy Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH June (Month) 9 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Jan. 13, 1939, 19, to June 9, 1939, 19

I last saw her alive on June 9, 1939, 19; death is said to have occurred on the date stated above, at 1:45 P.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	May 1938

Other Contributory Causes of importance: ---

Name of operation --- Date of --

What test confirmed diagnosis? --- Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? -- Date of injury, 19

Where did injury occur? --- (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. ---

Manner of injury ---

Nature of injury ---

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify ---

(Signed) Reuben Hoffman M. D.

(Address) Henryton, Maryland

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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JUL 5 1928
BUREAU V. S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (85)

Reg. Dist. No. 74

05896

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

(a) County Carroll

(b) City or town Sykesville (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution Springfield State Hosp

(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 mo

(e) Length of stay in this community (yrs., mos., or days)

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Md (b) County Baltimore

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 1010 Rosedale St, Balto (If rural give location)

(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME Bessie Valeria Tankersley

3 (b) If veteran, name war —

3 (c) Social Security No. —

4. Sex Female

5. Color or race white

6 (a) Single, married, widowed, or divorced. single

6 (b) Name of husband or wife —

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 12 - 912

8. AGE: Years 24 Months 10 Days 14 If less than one day ___ hr. ___ min.

9. Birthplace Maryland (Town, county, and state)

10. Usual occupation not any

11. Industry or business

FATHER 12. Name Roland L Tankersley

13. Birthplace Maryland

MOTHER 14. Maiden Name Bessie L Ryan

15. Birthplace Maryland

16 (a) Informant Mrs Bessie Tankersley

(b) Address 1010 Rosedale St. Balto

17 (a) (Burial, cremation, or removal) (b) Date thereof June 9, 1939 (month) (day) (year)

(c) Cemetery or crematory Mt Olivet Cem

Location Frederick Ave City

18 (a) Funeral director Robert Brooks & Son

(b) Address Calhoun & Hollins sts

19 (a) June 9 (Date rec'd by registrar) (b) 39 Chaney Weir Registrar

MEDICAL CERTIFICATION

20. Date of death June 8 1939, at 2 30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 25 1939, to June 8 1939, and that I last saw him alive on June 8 1939.

Immediate cause of death	Duration
Epileptic	
Due to Convulsions	
Due to Epilepsy	23 yrs
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature M G Maslin M. D. or other

Address Sykesville Date signed June 8-39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUN 12 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore (23)

05897

CERTIFICATE OF DEATH

Reg. Dist. No. 740

1. PLACE OF DEATH:
County Carroll
City or town Henryton
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Maryland Tuberculosis Sanatorium Colored Branch
Stay in hospital or inst. (yrs., or mos., or days) 7 Months 12 days
Stay in this community (yrs., or mos., or days) (Same as above)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Somerset
City or town Upper Hill Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Minnie Gertrude Thomas

3. (b) Social Security Number None

4. Sex: Female
5. Color or race: Colored
6. (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife Charles Thomas
6(c) If alive, give age Unknown years

7. Birth date of deceased (mo., day, yr.) October 4, 1906

8. AGE: Years 32 | Months 8 | Days 15 | If less than one day ___ hrs. ___ min.

9. Birthplace Upper Hill, Somerset Co., Md.
(Town, county, and state)
10. Usual occupation Domestic
11. Industry or business Unknown

FATHER
12. Name John H. Turpin
13. Birthplace Upper Hill, Maryland

MOTHER
14. Maiden name Annie Maddox
15. Birthplace Upper Hill, Maryland

16. Informant Dr. Reuben Hoffman
Address Henryton, Maryland

17. Upper Hill Md (Burial, cremation, or removal. Which?) Date thereof 6-21-39 (month) (day) (year)
Cemetery or crematory Upper Hill
Location Somerset County

18. Funeral director William Jones & Son
Address Princess Anne Md.

19. June 19, 1939 (Date rec'd by registrar) Albert R Swashhaus Deputy Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 19, 1939 19 , at 3.40 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov. 7, 1938 19 , to June 19, 1939 , and that I last saw her alive on June 19, 1939 19 .

Immediate cause of death: Pulmonary Tuberculosis — DURATION: Feb. 1938
Due to
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations ---
Of autopsy No Autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide --- Date of --
Where did injury occur? --- (City or town) (County) (State)
Injured at home, farm, industry, public place (where?) ---
Means of injury --- Injured at work? -

23. SIGNATURE Reuben Hoffman, M.D. M. D. or other
Address Henryton, Maryland Date signed 6/19/39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JUL 5 1909
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

05898

1. PLACE OF DEATH Maryland Tuberculosis Sanatorium
Colored Branch (23)

County Carroll Registration Dist. No. 74

Village or City Henryton No. (Above) St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 0 yrs. 7 mos. 10 ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Herman Guester Tompkins If U. S. Veteran, specify WAR

(a) Residence: No. 501 W. Hamburg St., Baltimore, Md. St., Ward.
(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: Colored
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Lillian Tompkins

6. DATE OF BIRTH (month, day, and year): Aug. 3, 1899

7. AGE: Years 39 | Months 10 | Days 3 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: Physician
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.: Unknown
10. Date deceased last worked at this occupation (month and year): Unkown
11. Total time (years) spent in this occupation: Unknown

12. BIRTHPLACE (city or town) (State or country): Cumberland, Maryland

FATHER
13. NAME: John Tompkins
14. BIRTHPLACE (city or town) (State or country): Unknown Unknown

MOTHER
15. MAIDEN NAME: Ellen Cohen
16. BIRTHPLACE (city or town) (State or country): Harford County Maryland

17. INFORMANT (Address): Dr. Reuben Hoffman Henryton, Maryland

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Zion Date 5-10, 1939

19. UNDERTAKER (Address): Saml. W. Chase & Son 638 N. Gilmor St. Balto. Md.

20. FILED 6/6/39, 19 Albert R Swankhaus Deputy Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH June 6, 1939 (Month) (Day) (Year), 193

22. I HEREBY CERTIFY That I attended deceased from Sept. 26, 1938, to June 6, 1939
I last saw him alive on June 6, 1939, 19; death is said to have occurred on the date stated above, at 11.30 P.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	June 1938

Other Contributory Causes of Importance: ---

Name of operation --- Date of --

What test confirmed diagnosis? --- Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:
Accident, suicide, or homicide? --- Date of injury --, 19
Where did injury occur? --- (Specify city or town, county and State)
Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. ---
Manner of injury ---
Nature of injury ---

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Reuben Hoffman M. D.
(Address) Henryton, Maryland

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

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JUN 12 1939
BUREAU V. S.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. Dist. No. 74

05899

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

(a) County Carroll

(b) City or town Sykesville (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: Springfield State Hosp.

(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 mo 1 day

(e) Length of stay in this community (yrs., mos., or days) —

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Md (b) County Balto

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 2503 Lauretta Ave Balto (If rural give location)

(e) If foreign born, how long in U. S. A.? all life years

3 (a) FULL NAME Mary Turner

3 (b) If veteran, name war —

3 (c) Social Security No. —

4. Sex Female

5. Color or race white

6 (a) Single, married, widowed, or divorced. widowed

6 (b) Name of husband or wife Bernside Turner

6. (c) If alive, give age 64 years

7. Birth date of deceased (mo., day, yr.) Sept 22-1862

8. AGE: Years 76 Months 8 Days 9 If less than one day ____ hr. ____ min.

9. Birthplace Maryland (Town, county, and state)

10. Usual occupation Housewife

11. Industry or business at home

FATHER 12. Name William Hutson

13. Birthplace Germany

MOTHER 14. Maiden Name Mary Hutson

15. Birthplace France

16 (a) Informant Joshua Turner

(b) Address 2503 Lauretta Ave Balto

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 5 1939 (month) (day) (year)

(c) Cemetery or crematory Mt. Carmel

Location Balto. Md.

18 (a) Funeral director G. Howard Strong

(b) Address 715 Light St.

19 (a) June 1, 1939 (Date rec'd by registrar) (b) A. Harry Weer Registrar

MEDICAL CERTIFICATION

20. Date of death June 1st 1939, at 12-25 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 30 1938, to June 1939, and that I last saw him alive on June 1st 1939.

Immediate cause of death

Due to Lobar Pneumonia

Due to

Other conditions Arterio Sclerosis Hypertension (Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

Duration: May 30/39 P

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature M. J. Martin M. D. or other

Address Sykesville Md. Date signed June /39

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JUN 14 1939
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

05980

(59)

1. PLACE OF DEATH

County Carroll Registration Dist. No. 74

Village or City Johnsville, Md. No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. 1 mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Viola E. Vander Pool If U. S. Veteran, specify WAR

(a) Residence: No. R.D. Sykesville, Md. St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	Colored	Married

5a. If married, widowed, or divorced
~~HUSBAND of~~ (or) WIFE of Thomas Vander Pool

6. DATE OF BIRTH (month, day, and year) March 6, 1890

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	49	3	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Housewife.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Carroll Co. (State or country) Md.

FATHER

13. NAME Allen Collins

14. BIRTHPLACE (city or town) (State or country) Maryland.

MOTHER

15. MAIDEN NAME Hannah Gosnell.

16. BIRTHPLACE (city or town) (State or country) Maryland.

17. INFORMANT Fred A. Collins. (Address) R.D. Sykesville, Md.

18. BURIAL, CREMATION, OR REMOVAL Place Johnsville Cem. Date June 9, 1939

19. UNDERTAKER C. M. Waltz (Address) Winfield Md

20. FILED June 1, 1939 Harry Steen Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH June (Month) 6, (Day) 1939 (Year)

22. I HEREBY CERTIFY That I attended deceased from May 14, 1939, to June 6, 1939

I last saw her alive on June 5, 1939; death is said to have occurred on the date stated above, at 3:55 P. m.

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	
Chronic parenchymatous nephritis	
Diabetes Millitus	

Other **Contributary Causes** of importance:

Name of operation Date of

Whet test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) W. H. Lawson Jr. M. D.

(Address) Sykesville, Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and own **home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel,** etc. For a person who had no occupation whatever write **none.**

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver,** etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill,** etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer,** etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist,** etc. Distinguish carefully between **retail merchants** and **wholesale merchants.** A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

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JUN 28 1928
BUREAU
D. C.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

05901

V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH (95-L)

County Carroll. Registration Dist. No. 87

Village or City Mt. Mt. Airy, Md. No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Susie Van Sant If U. S. Veteran, specify WAR

(a) Residence: No. R. D. Mt. Airy, Md. St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Single.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) June 24, 1859

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	79	11	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. None.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Frederick Co. (State or country) Md.

FATHER

13. NAME Richard Van Sant.

14. BIRTHPLACE (city or town) Balto. (State or country) Md.

MOTHER

15. MAIDEN NAME Rebecca Webb.

16. BIRTHPLACE (city or town) Ohio. (State or country)

17. INFORMANT Mrs. Chester Holtz. (Address) R. D. Mt. Airy, Md.

18. BURIAL, CREMATION, OR REMOVAL? Place Prospect Cemty Date June 5, 1939

19. UNDERTAKER C. M. Waltz. (Address) Westminster Md.

20. FILED June 5, 1939 Wm D Snyder Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH June (Month) 3 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from June 6, 1938, to June 3, 1939

I last saw h. alive on June 2, 1939; death is said to have occurred on the date stated above, at 1:30 p.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Cardiitis, Chr.	?
Arterio Sclerosis	?
Other Contributory Causes of importance:	
Cerebral Embolism	6/3/39

Name of operation none Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did Injury occur? (Specify city or town, county and State)

Specify whether Injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.

Menner of Injury

Nature of injury

24. Wes diseese or injury In any way related to occupation of deceased?

If so, specify

(Signed) J. Stanley Gratill M. D.

(Address) Mt Airy Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and **own home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel,** etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver,** etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill,** etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer,** etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist,** etc. Distinguish carefully between **retail merchants** and **wholesale merchants.** A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

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JUL 6 1933
BUREAU OF

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

05903

Reg. Dist. No. 74

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

1. PLACE OF DEATH:
County Carroll
City or town Henryton
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Maryland Tuberculosis Sanatorium Colored Branch
Stay in hospital or inst. (yrs., or mos., or days) 8 months 28 days
Stay in this community (yrs., or mos., or days) (Same As Above)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County ---
City or town Baltimore Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 1211 Ashland Ave.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Charles Edward Wainwright

3. (b) Social Security Number 212-16-5991

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	Colored	Single

6 (b) Name of husband or wife ---

6(c) If alive, give age --- years

7. Birth date of deceased (mo., day, yr.) May 14, 1917

8. AGE:

Years	Months	Days	If less than one day
22	1	5	---hrs. ---min.

9. Birthplace Baltimore, Maryland (Town, county, and state)

10. Usual occupation Laborer

11. Industry or business Unknown

FATHER
12. Name Leonard Wainwright
13. Birthplace Baltimore, Maryland

MOTHER
14. Maiden name Clara Bouldin
15. Birthplace Annapolis, A.A. Co., Md.

16. Informant Dr. Reuben Hoffman
Address Henryton, Maryland

17. Burial (Burial, cremation, or removal. Which?) Date thereof 6/22/39 (month) (day) (year)
Cemetery or crematory Int Calvery
Location Brooklyn 2nd.

18. Funeral director Byron + Mamie Wright.
Address 1818 McElderry St.

19. 6/19/39 (Date rec'd by registrar) Albert R Swankhouse Deputy Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 19, 1939 9.35 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept. 21, 1938 to June 19, 1939
and that I last saw him alive on June 19, 1939

	DURATION
Immediate cause of death: Pulmonary Tuberculosis	
Due to ---	July 1938
Due to ---	
Other conditions ---	
(Include pregnancy within 3 months of death)	
Major findings: Of operations ---	
Of autopsy No Autopsy	

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Reuben Hoffman, M.D.
M. D. or other
Address Henryton, Maryland Date signed 6/19/39

RECEIVED
JUL 5 1989
BUREAU U. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore (59)

CERTIFICATE OF DEATH

05964

Reg. Dist. No. 76

1. PLACE OF DEATH:
County Carroll
City or town Westminster, Md.
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: E. Main St.
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 51 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Carroll
City or town Westminster Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. E. Main Street
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Michael E. Walsh

3. (b) Social Security Number

4. Sex: male
5. Color or race: white
6. (a) Single, married, widowed, or divorced: Widowed
6 (b) Name of husband or wife Rosanna C. Doyle
6(c) If alive, give age ____ years
7. Birth date of deceased (mo., day, yr.) March 3, 1865
8. AGE: Years 74 Months 3 Days 17 If less than one day ____ hrs. ____ min.
9. Birthplace Carroll County (Town, county, and state)
10. Usual occupation attorney at Law
11. Industry or business
FATHER 12. Name Michael Walsh
13. Birthplace Maryland
MOTHER 14. Maiden name Mary Houch
15. Birthplace Maryland
16. Informant D. Eugene Walsh
Address Westminster, Md.
17. Burial (Burial, cremation, or removal. Which?) Date thereof July 3, 1939 (month) (day) (year)
Cemetery or crematory St. John's Cem.
Location Westminster, Md.
18. Funeral director H. Banhard & Son
Address Westminster, Md
19. 7/1 1939 (Date rec'd by registrar) [signature] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 30th 1939, at 6 a. M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from about June 4th 1938, to June 30th 1939, and that I last saw him alive on June 30th 1939.

Immediate cause of death	DURATION
Disease of Coronary artery artery sclerosis	2 years
~~Due to~~ Mitral Regurgitation	5 years
~~Due to~~ Prostate disease & stricture stricture	18 mo
Other conditions Diabetes	18 mo

(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE J. L. Billingsley M. D. or other
Address Westminster Md. Date signed 7/1/39.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 (T) (M)

RECEIVED
JUL 8 1939
BUREAU V. S.

05902

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH (59)

County Carroll Registration Dist. No. 71

Village or City Frizellburg No. St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 55 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Daniel Edwin Warehime If U. S. Veteran, specify WAR

(a) Residence: No. Mr. Frizellburg St., Ward.
(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) 11 1 1860

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
78	7	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Farmer

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Carroll County, Md.

FATHER

13. NAME John Warehime

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Margaret E. Hesson

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Russell A. Warehime
(Address) Frizellburg, Md.

18. BURIAL, CREMATION, OR REMOVAL
Place Kriders Cem. Date June 10, 1939

19. UNDERTAKER H. Bankard & Son
(Address) Westminster, Md.

20. FILED June 10, 1939 Margaret R. Englar
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH June 7th, 1939
(Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from May 1st, 1939, to June 7th, 1939

I last saw him alive on June 6th, 1939; death is said to have occurred on the date stated above, at 2 a.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Diabetes	Several
Chronic Myocarditis	Yrs.
Heart Block	Ago
Bloc	

Other Contributory Causes of importance:

Diabetic Coma	6/6/39

Name of operation Date of

What test confirmed diagnosis? Cl. & Lab. Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) L. Kleeadwood M. D.

(Address) Westminster

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*	*Attack of epilepsy*	*1 week ago*
Chronic interstitial nephritis	*1921*	*Run over by street car*	*1 week ago*
Cerebral hemorrhage	*July 5, 1927*	*Peritonitis*	*3 days ago*
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	*May 1, 1923*	*Gastroenteritis*	*1 year*

RECEIVED
JUL 6 1939
BUREAU V. S.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

05965

1. PLACE OF DEATH Maryland Tuberculosis Sanatorium, Colored Branch

County Carroll — Registration Dist. No. 74

Village or City Henryton — No. (Above) St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 1 yrs. 7 mos. 18 ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ruth Washington — If U. S. Veteran, specify WAR

(a) Residence: No. 1405 Harford Ave., St., Baltimore, Md Ward.

(Usual place of abode) — If nonresident give city or town and State

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	Colored	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Garrett Washington

6. DATE OF BIRTH (month, dey, end yeer) Aug. 2, 1914

7. AGE	Yeers	Months	Days	If LESS then 1 dey, hrs. or min.
	24	10	4	

OCCUPATION

8. Trede, profession, or perticuler kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. Presser

9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc. Unknown

10. Date deceased lest worked at this occupation (month and year) Unknown

11. Total time (yeers) spent in this occupation Unknown

12. BIRTHPLACE (city or town) Blackstone (State or country) Virginia

FATHER

13. NAME James Rice

14. BIRTHPLACE (city or town) Blackstone (Steto or country) Virginia

MOTHER

15. MAIDEN NAME Hinda Jones

16. BIRTHPLACE (city or town) Blackstone (Stete or country) Virginia

17. INFORMANT Dr. Reuben Hoffman

(Address) Henryton, Maryland

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date June 10, 1939

19. UNDERTAKER Mrs S. T. Hensley

(Address) 578 W. Biddle St.

20. FILED 6/6/39, 19 Albert R Swankhaus

Deputy Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH June (Month) 6 (Dey), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Oct. 18, 1937, to June 6, 1939

I last saw her alive on June 6, 1939, 19; death is said to have occurred on the dete steted ebove, at 9.30 P. M.

The PRINCIPAL CAUSE OF DEATH and related ceuses of importence were es follows:

	Date of onset
Pulmonary Tuberculosis	July 1937

Other Contributory Causes of Importance: ---

Name of operetion --- Dete of --

Whet test confirmed diegnosis? 00 Wes there an autopsy? No

23. If deeth wes due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? -- Dete of injury -, 19

Where did injury occur? ---

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. ---

Menner of injury ---

Neture of injury ---

24. Was disease or injury in any way related to occupetion of deceased? No

If so, specify

(Signed) Reuben Hoffman M. D.

(Address) Henryton, Maryland

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel,** etc. For a person who had no occupation whatever write **none.**

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver,** etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill,** etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer,** etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but state the exact occupation, as **carpenter, painter, machinist,** etc. Distinguish carefully between **retail merchants** and **wholesale merchants.** A person who sells goods should be called a **salesman** and not a **clerk.**

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JUN 30 1927
BUREAU U.S.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

05986

1. PLACE OF DEATH Maryland Tuberculosis Sanatorium Henryton Maryland

County Carroll (23) Registration Dist. No. 74

Village or City Henryton No. (Above) St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residance in city or town where death occurred 15 yrs. 7 mos. 26 ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME John Hopkins Williams If U. S. Veteran, specify WAR

(a) Residence: No. 912 Sterling St., Balto., St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	Colored	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ---

6. DATE OF BIRTH (month, day, and year) Feb. 20, 1921

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	18	3	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Laborer

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Unknown

10. Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

FATHER

13. NAME Donnie Williams

14. BIRTHPLACE (city or town) Dunn (State or country) North Carolina

MOTHER

15. MAIDEN NAME Mollie Smith

16. BIRTHPLACE (city or town) Dunn (State or country) North Carolina

17. INFORMANT Dr. Reuben Hoffman (Address) Henryton, Maryland

18. BURIAL, CREMATION, OR REMOVAL Place Mt. Calvary Cem. Date 6-14th, 1939

19. UNDERTAKER Byron & Manning W. Wright (Address) 1218 Mc Elderry St. Balto. Md

20. FILED 6/21/39, 19 Albert R. Swankhouse Deputy Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH June 11, 1939 (Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from Dec. 15, 1938, 19, to June 11, 1939, 19

I last saw him alive on June 11, 1939, 19 39, death is said to have occurred on the date stated above, at 6.40 P.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	12/5/38
Other Contributory Causes of importance: Tuberculosis of spine	10/1/38

Name of operation --- Date of -

What test confirmed diagnosis? --- Was there an autopsy? no

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? -- Date of injury -, 19 -

Where did injury occur? ---

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury ---

Nature of injury ---

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify ---

(Signed) Reuben Hoffman M. D.

(Address) Henryton, Maryland

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

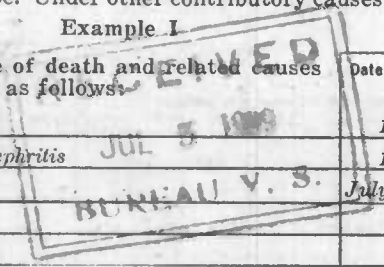
8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:



Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*	*Attack of epilepsy*	*1 week ago*
Chronic interstitial nephritis	*1921*	*Run over by street car*	*1 week ago*
Cerebral hemorrhage	*July 5, 1927*	*Peritonitis*	*3 days ago*
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	*May 1, 1923*	*Gastroenteritis*	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (93-C) Reg. Dist. No. 74

CERTIFICATE OF DEATH

059117

1. PLACE OF DEATH:
(a) County Carroll
(b) City or town Sykesville (If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution Spring Field State Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14 yrs
(e) Length of stay in this community (yrs., mos., or days)

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Md (b) County Carroll
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 246 Collington Ave (If rural give location)
(e) If foreign born, how long in U. S. A. all life years

3 (a) FULL NAME Frank Yeager Jr. (Jegerski)

3 (b) If veteran, name war —

3 (c) Social Security No. —

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. single

6 (b) Name of husband or wife —

6. (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Sept 25 1900

8. AGE: Years 38 | Months 8 | Days 21 | If less than one day ____ hr. ____ min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual occupation not any

11. Industry or business

FATHER 12. Name Frank Yeager
13. Birthplace Poland.

MOTHER 14. Maiden Name Pauline Jegerski
15. Birthplace Poland.

16 (a) Informant Frank Yeager
(b) Address 246 Collington Ave Balto

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 14 1939 (month) (day) (year)
(c) Cemetery or crematory Holy Rosary
Location Odonnell St Ext. Balto Co.

18 (a) Funeral director Wm. Fialkowski
(b) Address 1618 Eastern ave

19 (a) 6/16/39 (Date rec'd by registrar) (b) C Harry Weer Registrar

MEDICAL CERTIFICATION

20. Date of death June 15 1939, at 7-20 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 1938, to June 15 1939, and that I last saw him alive on June 15 1939.

Immediate cause of death	Duration
Chronic Myocarditis	10 yrs
Due to Epilepsy	32 yrs
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J J Masten M. D. or other
Address Sykesville Date signed June 15-39

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JUN 17 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. Dist. No. 75 05908

CERTIFICATE OF DEATH

1. PLACE OF DEATH:
(a) County Carroll
(b) City or town Alesia (If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in this community (yrs., mos., or days) 2

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State (b) County
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME "Baby" Yeltow

3 (b) If veteran, name war —

3 (c) Social Security No. —

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Single

6 (b) Name of husband or wife —

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 2 39

8. AGE: Years Stillborn | Months | Days | If less than one day hr. min.

9. Birthplace (Town, county, and state)

10. Usual occupation —

11. Industry or business —

FATHER 12. Name James Bert Yeltow
13. Birthplace Honeycutt N. C.

MOTHER 14. Maiden Name Emma Loy Garland
15. Birthplace Jadid Creek N. C.

16 (a) Informant James Bert Garland.
(b) Address Millers Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-2-39 (month) (day) (year)
(c) Cemetery or crematory Free Methodist
Location Alesia Millers P.O. Md.

18 (a) Funeral director Jacob W. Pitt Sons.
(b) Address Manchester Md.

19 (a) June 2/39 (Date rec'd by registrar) (b) Mrs. W. P. S. Dennis Registrar

MEDICAL CERTIFICATION

20. Date of death Stillborn, at M

21. I certify that death occurred on the date above stated; that I attended deceased from June 2 1939, to June 2 1939, and that I last saw him alive on June 2 1939

Immediate cause of death	Duration
Strangulation by umbilical cord	Unknown
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN

Underlins the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work? —
(e) Means of injury —

23. Signature Edgar M. Bush M.D. M. D. or other
Address Hampstead Md Date signed 6/2/39

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

RECEIVED
JUL 5 1939
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

05909

1. PLACE OF DEATH (186a)

County Carroll — Registration Dist. No. 80

Village or City R.D. New Windsor — No. — St., — Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 2 yrs. — mos. — ds. How long in U.S. if of foreign birth? — yrs. — mos. — ds.

2. FULL NAME Earnest A. Zile — If U.S. Veteran specify WAR.

(a) Residence: No. R.D. New Windsor St., — Ward.

(Usual place of abode) — If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Elsie Zile

6. DATE OF BIRTH (month, day, and year) May 17, 1872

7. AGE Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
67	0	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Dealer

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Live Stock

10. Date deceased last worked at this occupation (month and year) 1937

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Marston (State or country) Carroll Co. Md.

FATHER

13. NAME Nathaniel Zile

14. BIRTHPLACE (city or town) Carroll Co. (State or country) Md.

MOTHER

15. MAIDEN NAME Alice Poole

16. BIRTHPLACE (city or town) Carroll Co. (State or country) Md.

17. INFORMANT Mrs. Elsie Zile (Address) R.D. New Windsor

18. BURIAL, CREMATION, OR REMOVAL Place Pipe Creek Cem. Date June 4, 1939

19. UNDERTAKER C. M. Walt (Address) Winfield Md.

20. FILED June 4, 1939 Emma L. Benedict Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH June (Month) 1 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Sept. 9th, 1938, to June 1st, 1939

I last saw him alive on June 1st, 1939; death is said to have occurred on the date stated above, at 10:45 P.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Arterio-Sclerosis	Sept. 1938
Cerebral Hemorrhage	May 31-39

Other Contributory Causes of Importance:

Dislocated right Shoulder	May 30-39

Name of operation — Date of

What test confirmed diagnosis? — Was there an autopsy? no

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Accident Date of Injury May 30, 1939

Where did Injury occur? New Windsor, Md. Outside (Specify city or town, county and State)

Specify whether Injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE. In Home

Manner of injury Fell in yard

Nature of injury Dislocation of Shoulder

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) Attending Physician M. D.

(Address) New Windsor, Md.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

RECEIVED JUL 8 1930 BUREAU V. S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN